



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of San Joaquin County Youth Sports Registration Form

SUMMER PROGRAMS: Games begin on Saturday, June 10 (Basketball) or June 17 (Field Sports)

<input type="checkbox"/> T-BALL - \$90 (5-7 years old) <input type="checkbox"/> T-BALL - \$80 (3-4 years old) <i>*This age division does not practice during the week.</i>	<input type="checkbox"/> BASKETBALL - \$100 (3 - 17 years old) <input type="checkbox"/> BASKETBALL - \$90 (3-4 years old) <i>*This age division does not practice during the week.</i> <input type="checkbox"/> \$5 Discount for reusing jersey from previous seasons (Green/White reversible)	<input type="checkbox"/> FLAG FOOTBALL - \$90 (6-12 years old)	<input type="checkbox"/> SOCCER - \$90 (5-12 years old) <input type="checkbox"/> SOCCER - \$80 (3-4 years old) <i>*This age division does not practice during the week.</i>
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<h2>Registration Dates</h2> <p>April 17 – May 22 for Basketball May 23 – 30 (includes a \$10 late fee)</p> <p>April 17 – May 29 for Field Sports May 30 – June 6 (Includes a \$10 late fee)</p>	<p>VOLUNTEER INVOLVEMENT: Please complete a volunteer packet and attach to form. HEAD COACHES will receive 50% off their child's registration for this league.</p> <p> <input type="checkbox"/> HEAD COACH <input type="checkbox"/> ASST. COACH <input type="checkbox"/> TEAM PARENT </p>
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Only ONE discount may be applied per registration

ALL INFORMATION MUST BE FILLED OUT BEFORE REGISTRATION CAN BE PROCESSED

CHILD'S FIRST NAME: _____ CHILD'S LAST NAME: _____

SCHOOL: _____ GRADE: _____ AGE: _____ SEX: M or F

DOB: _____ JERSEY SIZE: YXS YS YM YL AS AM AL AXL

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PARENT'S FIRST NAME: _____ PARENT'S LAST NAME: _____

PARENT'S DOB: _____ EMAIL: _____

CELL#: _____ WORK#: _____

CELL PHONE CARRIER: AT&T VERIZON SPRINT METRO PCS T-MOBILE CRICKET OTHER: _____

SPECIAL REQUESTS: _____

There will be no guarantee that requests will be met. Late registration requests will not be granted.

EMERGENCY CONTACT: _____ PHONE#: _____

HOW DID YOU HEAR ABOUT THE Y? Email Flyer Banner Walk-In Friend Other: _____

*Ethnicity (Optional) : Data used for grant applications

White Hispanic/Latino African-American Pacific Islander/Asian Native American
 Other _____

FOR OFFICE USE ONLY		<ul style="list-style-type: none"> - \$10 cancellation fee will apply. No refunds will be given after the start of the sports season. - Annual Membership fee: \$10 - Financial assistance is available. Applications must be received one week before the registration deadline to qualify for league.
Program Fee	\$90.00	
Financial Assistance	- \$	
Annual Membership Fee	\$	
Late Fee	\$	
TOTAL COST	\$	
Uniform given: _____ Received by: _____ Date: _____ Check #: _____		Visit : www.ymcasic.org for more information. 2105 W March Lane Suite 1 Stockton CA 95207 209-472-9622

AGREEMENT:

I SUPPORT THE YMCA YOUTH SPORTS PHILOSOPHY WHICH IS BASED ON PARTICIPATION, FUN, PHYSICAL FITNESS, HEALTH, SKILL DEVELOPMENT, TEAMWORK, FAIR PLAY, FAMILY INVOLVEMENT AND VOLUNTEER LEADERSHIP.

WAIVER OF LIABILITY / PHOTO RELEASE: I HEREBY ACCEPT ANY AND ALL RESPONSIBILITY FOR, AND ASSUME THE RISK OF ANY AND ALL INJURY OR DAMAGE TO MY PERSON OR DEPENDENT CHILDREN WHICH MIGHT ARISE DIRECTLY AS A RESULT OF, AND OR PARTICIPATION IN THE YMCA OF SAN JOAQUIN COUNTY, THE VARIOUS BRANCHES AND SUBDIVISIONS THEREOF, AND ALL EMPLOYEES AND VOLUNTEERS IN THEIR CAPACITIES AS REPRESENTATIVES OF THE YMCA EXPRESSLY INCLUDING, BUT NOT LIMITED TO THE BOARD OF DIRECTORS OF THE YMCA OF SAN JOAQUIN COUNTY EXCEPT INJURIES CAUSED INTENTIONALLY, OR BY WILLFUL MISCONDUCT. I GIVE MY PERMISSION FOR MY CHILDREN(S) PICTURE TO BE USED AS A PROMOTION FOR THE YMCA. I CERTIFY THAT I AM FAMILIAR WITH THE CONTENTS OF THIS RELEASE, THAT I HAVE READ AND UNDERSTAND THE SAME, AND THAT IT IS MY INTENTION BY MY HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS.

 Parent / Guardian (Please print clearly)

Signature

Date