

Football Clinic
August 10 -13
9:00 am – 12:00 pm

Participant: _____ DOB: _____

Sex: M F Birth certificate checked _____ by staff: ___ Years Played: _____

Ethnicity : Caucasian African American American Indian Hispanic Other _____

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell phone: _____

****e-mail address:** _____

Participant's Doctor: _____ Phone: _____

Please list any medical conditions and/or any medication that the participant is taking: _____

T-Shirt Size: Youth: XS (2-4) S (6-8) M (10-12) L (14-16) Adult: S M L XL

By signing below and paying program fees, I agree to indemnify and hold harmless the Palestine YMCA, including its Board of Directors, Staff and sponsors, from any and all claims or demands, costs or expenses, which may result from participating in this program. I also understand that refunds will not be issued unless the program or activity is cancelled. I authorize the YMCA to administer emergency medical treatment for the above named participant and notify the proper authorities should and injury occur. THE YMCA DOES NOT CARRY ACCIDENT INSURANCE.

Signed: _____ Date: _____

If you would like to coach or assist, please ask for a Volunteer Form. ___yes ___no
Other children enrolled in this activity: Name: _____ Age _____
Name: _____ Age _____
Name: _____ Age _____

Diverse groups find common ground by playing, learning and working together.
By making a small donation, YOU help provide others with the ability to participate in YMCA family programs.

\$1 \$3 \$5 \$10 Other _____

FOR OFFICE USE ONLY:

Amount Paid: _____ YMCA Member? Y N

Scholarship Amount: _____ Employee Amount: _____

Cash Check #: _____ Receipt #: _____ Staff _____ Date _____