

Palestine YMCA Soccer Registration Form Fall 2010



Age Group: _____
 Sex: M F
 Birth Certificate: Y N
 Completed NTSSA Form: Y N
 Years in Sport _____

GET INVOLVED!!! Soccer provides a GREAT opportunity to help our youth.

Please check where you wish to volunteer:

- | | | |
|--|---|--|
| <input type="checkbox"/> Team Mom/ Dad | <input type="checkbox"/> Clerical | <input type="checkbox"/> Reporter/ Press Release |
| <input type="checkbox"/> Field – Trash Pick-up | <input type="checkbox"/> Field – Mowing | <input type="checkbox"/> Field – Chalking. |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Referee |
| <input type="checkbox"/> Age Commissioner | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Soccer Committee Member |

Participant Name _____

Participant Age (as of July 31, 2010) _____ DOB _____

Participant Seasons in Sport _____ w/ Palestine YMCA _____

Participant T-Shirt Size (circle one) YS YM YL YXL AXS AS AM AL AXL Shoe Size: _____

Participant Shorts Size (circle one) YS YM YL YXL AXS AS AM AL AXL _____

Ethnicity: Caucasian African American American Indian Hispanic Other _____

Participant Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ (Cell) _____

E-mail _____

Participant Doctor _____ Phone _____

****Please list any medical conditions and any medications you may be taking****

By signing the below and paying program fees, I agree to indemnify and hold harmless the Palestine YMCA including it's Board of Directors, Staff, and sponsors, from any and all claims or demands, costs or expenses, which may result from participating in the program. **I also understand that I will abide by the refund policy.** I authorize the YMCA to administer emergency medical treatment for the above named participant and notify the proper authorities should any injury occur. **THE YMCA DOES NOT CARRY ACCIDENT INSURANCE.** I agree to give the Palestine YMCA, it's legal representatives, successors, and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority, permission to take, copyright, use and publish photographs of this youth participant in any media, in whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission. I agree that the photograph becomes the exclusive property of the Palestine YMCA, and waive all rights thereto. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Signed _____ Date _____

Parent/ Legal Guardian

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

\$ _____
 Member Participant Employee Scholarship

Cash Check # _____ Credit Receipt # _____

Staff _____ Date _____



We build strong kids, strong families, strong communities.



RECREATIONAL MEMBERSHIP FORM



Revised 8/05

- FOR LEAGUE USE ONLY
- TRANSFERS
 - NEW
 - REREGISTRATION
 - CHANGE/CORRECTION

Team Name			Age Group: U-		Player/Coach Registration #:				
Last Name:		First Name:			Init	Player:	Coach:	Lic:	
Street Address:				Apt #:	City:			St:	TX
Zip Code:		Phone #: ()		DOB:		Age:	Sex:		
E-mail Address:							Grade:		
Father's Name:			Occupation:		Work Phone #: ()				
Mother's Name:			Occupation:		Work Phone #: ()				
E-Mail Address:									
Person in an emergency:						Phone #: ()			
Doctor to Notify:						Phone #: ()			
List any Medical Problems:									

# of Seasons Played	Last Team	Last Association	Date of Last Season	Height	Weight	School	Grade
UNIFORM SIZE (circle one)			Other Children in family Presently in League				Age
	Youth	Adult					
Shirts	XS S M L XL	XS S M L XL					
Shorts	XS S M L XL	XS S M L XL					
Socks	XS S M L XL	XS S M L XL					

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the APrograms). I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the USYS Parties the right to use the player's name, pictures and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs. Any recreational player currently rostered to a recreational team and wishing to be released to join a competitive team may do so only between December 1 and March 15 may do so only with the written permission of the Member Association in which he/she is currently rostered.

Name: _____
Parent/Legal Guardian (please print)

Signature: X _____ Date: _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

- Coach
- Asst. Coach
- Team Mgr
- Team Parent
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Committee
- Referee
- Fund Raising
- Clerical
- Reporter
- Newsletter
- Concessions
- Donor

Other: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are Necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian X _____

Address: _____ Apt #: _____

City: _____ TX Zip code: _____

Phone: Home () _____ Bus.: () _____

OFFICIAL USE ONLY

Registration Fees \$ _____	Picture Received	Yes	No
Player Fee	Birth Date Verified	Yes	No
Coaches Fee \$ _____			
Other \$ _____			
TOTAL Received \$ _____	Still Owes \$ _____		
Cash _____	Check # _____		
			Date _____