



**YMCA of Selma-Dallas County Youth Volleyball
2019 REGISTRATION FORM
(Grades 3rd-6th)**

Date: _____

Child's Name: _____ Race: _____ DOB: ____/____/____ Age as of Aug 1, 2019 _____

Parent 1: _____ DOB: ____/____/____ Primary Phone Number: _____

Parent 2: _____ DOB: ____/____/____ Primary Phone Number: _____

Address: _____ City: _____ Zip: _____

Primary (Best) Contact's Email: _____

Secondary Contact's Email: _____

Jersey Size: (circle) YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

Please check if you would like to Coach _____ Assist _____ Team Manager _____

Would you like to Sponsor? Yes _____ No _____

Name of Sponsor's Business _____

School Attending: _____ Grade: _____ (Fall 2019)

I have read all information recorded on this registration form and it is correct.

Parent's or Guardian's Signature: _____

Parent's Code of Conduct

"I will remember that the game is for youth, not adults."

I understand that I must abide by the following rules in order to watch my child participate in YMCA Youth Sports Program. I will be asked to leave if I do not follow the rules.

- I will make all remarks positive and will not yell at or make negative remarks to the children, referees, coaches, or parents.
- I will understand that the program is for the children.
- I will pay attention to see if my child is having fun, learning, and improving as opposed to just winning.
- I will behave in a non-abusive manner.
- I will let someone in a position of authority know about abusive behavior.

Parent's or Guardian's Signature: _____

I hereby give my permission for my child or ward to participate in the specific activities described on the reverse side of this card ("activities"). I understand that the activities are inherently risky and potentially hazardous, and as a result, I accept full responsibility for, and risk of, injury to my child or ward for loss or damage to his or her property that my result from his or her participating therein. I, for, and on behalf of myself and my child or ward, hereby release, waiver, and covenant not to sue the Young Men's Christian Association of Selma Dallas County, Inc., and its directors, officers, employers, and agents (collectively the "Releases") from all claims, demands, damages, losses, or causes of actions arising from any injury to my child or ward or loss or damage to his or her property that my occur while my child is participating in the activities. I further indemnify and hold harmless the Releases from all loss, liability, damage, or cost that may occur du to my child's or ward's participation in the activities.

In the event of injury, I authorize the Releases to provide or cause to provide such medical care and treatment to my child or ward as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment. I hereby give my permission to the Releases to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's or ward's image or voice for the purpose of promoting or interpreting the YMCA programs and activities.

I have read and voluntarily signed this agreement and agree to be bound by its terms

Parent or Guardian's Signature: _____ **Date:** _____

STAFF USE ONLY

YMCA Membership Y ____ N ____ COST: \$55 Members / \$65 Non-Members Payment Method _____

*****We need a copy of each of the following: _____Recent Picture in DAXCO _____PAYMENT RECORDED_____*****

RECEIVED BY: _____(Staff Signature) VERIFIED BY: _____(ProgramDirector)