

KINGS MOUNTAIN FAMILY YMCA

2010 Spring Softball Registration Form

**** All information must be filled out completely and payment received before a participant will be registered ****



Cost: Member=\$20 City Resident=\$35 Non-Member/Non-City=\$50

LEAGUE OF PARTICIPATION

___ 7-8 (Can not be 9 before May 1, 2010) ___ 9-10 (Can not be 11 before May 1, 2010)

___ 11-12 (Can not be 13 before May 1, 2010) ___ 13-15 (Can not be 15 before May 1, 2010)

**** All participants are now required to go through the draft regardless of whose team they were on the previous Spring Season. We will be having a new draft each Spring and Fall to determine the teams for each season****

CHILD'S INFORMATION

Name: (That Appears on the Birth Certificate) _____

Address: _____ City _____ Zip _____

Birth Date: ___/___/___ Age: _____ Sex: Male Female

Shirt Size: (Circle a Size) YXS YS YM YL AS AM AL AXL AXXL

PARENT'S INFORMATION

FATHER'S: Name _____ Phone _____ Cell _____

MOTHER'S: Name _____ Phone _____ Cell _____

Emergency Contact: Name _____ Phone _____ Cell _____

I would be interested in volunteering as: (check) ___ Coach ___ Asst. Coach ___ Sponsor

Has anyone on this Registration Form ever been convicted of a felony? Yes ___ No ___

Does your child have any special medications or conditions that we should know about? Yes ___ No ___

If yes please describe: _____

AGREEMENT

I have enrolled my child/grandchild in the Youth Softball League offered by the Kings Mountain Family YMCA.

1. By this enrollment, I hereby state that I agree to assume all risk of injury, which could result from participation in the above Program. I hereby accept the instructors, Supervision, Facilities, Rules and Equipment as being satisfactory for the program or activity named above. I have been given the opportunity to talk to the Instructor prior to my child's/grandchild's participation. In this program or activity, or waive the right to do such. I understand that immediately prior to each activity of the program stated herein above, I have the opportunity to inspect the facility or equipment, instructor or supervision and have the choice whether or not to have him/her participate in said program or activity.

2. I hereby release the Kings Mountain Family YMCA and its employees from any and all possible damages or injury would be based upon the qualification of the instructor, or adequacy of the Facilities, Supervision or Equipment of the Program named herein above.

3. I will support the YMCA Youth Sports philosophy, which is based on participation, having fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

4. I will do my best to ensure that everyone and myself involved (participants, coaches, spectators, officials, and YMCA staff) keeps the program in a Christian atmosphere which follows the philosophies of the YMCA Youth Sports program.

5. I understand that I have no more than three weeks into the program to cancel and get a refund of all but \$5 for administrative processing.

I understand that if I do not follow the rules and help create this atmosphere I risk having myself and my child ejected from a game or the program with no refund.

I have filled out to the best of my knowledge all of the above information and I have read, understood, and will follow the parent agreement on the back of this form.

PARENT/ LEGAL GUARDIAN SIGNATURE

DATE

** Financial Assistance is available upon request. All information is due by February 19th.**

Front Desk Use Only	
CASH \$: _____	CHECK \$: _____ CHECK #: _____ RECEIPT #: _____ Date Registered ___/___/___
paid by _____	Birth Certificate on file _____ Need a copy of Birth Certificate _____

YMCA Mission: Helping all people reach their God given potential in spirit, mind and body.