

**VOLUNTEER
COACHES
NEEDED!!!
PLEASE HELP!**

YMCA FALL SOCCER

**REGISTRATION
OPENS
AUGUST 1ST**



**Members - \$40
Non-Members - \$60**



NAME: _____ / _____
Last First

ADDRESS: _____ / _____
Zip

PHONE: _____ **SEX:** M / F **Current Grade:** _____ **Age:** _____

Shirt Size: _____

Parent E-Mail Address: _____

HEALTH INFORMATION

Does your child take any medication? No Yes Please Specify: _____
Do your child have any allergies? No Yes Please Specify: _____
Do you child have any disabilities/medical issues/injuries? No Yes Please Specify: _____

EMERGENCY INFORMATION

Emergency Contact: _____ **Phone #** _____

Relationship: _____

WAIVER: I hereby certify that my child is in normal health and capable of safely participating in the Sport or Event named above. I understand that this activity is potentially dangerous and can result in injury, even under normal circumstances. My child is physically able to participate in the activity named above. I hold harmless the Geneva Family YMCA, any officer, volunteer or employee of, and all involved with participation in the above mentioned sport or activity. In the event that I am not able to make arrangements for emergency medical attention at the time of a illness or accident, I hereby authorize the Geneva Family YMCA to transport my child to the nearest medical facility for treatment deemed necessary.

Signature

Date