Geneva Family YMCA
399 William Street
Geneva, NY 14456

Fall Soccer 2021

Ages 4-6
Ages 7-8
Ages 9-11
(Circle One)

NAME:_____/_____
       Last   First

ADDRESS:_____/_____
                                                                                    Zip

PHONE:_____   SEX: M / F   D.O.B:_____

Parent E-Mail Address:_____

Shirt Size (Circle One):   Youth Small   Youth Medium   Youth Large   Youth Extra-Large

YES I WILL HELP COACH - Parent Name and Number: _____

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.

I further certify the following:

1. My child/self/household member has not traveled out of New York in the past 14 days
2. My child/self household member has not come into close contact with someone that has either a suspected or confirmed Covid-19 diagnosis in the past 14 days
3. My child has not had a fever greater than 100.4F or any known symptoms of respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 14 days
4. My child is not CURRENTLY experiencing a fever greater than 100.4F or any known symptoms of respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 14 days

Date:_____   Signature: _____

Fees: MEMBERS $40
**   NON-MEMBERS $60**