GENEVA FAMILY YMCA
399 William Street
Geneva, NY 14456

MANDATORY!!!!

E-MAIL ADDRESS: _____

NAME_____/_____/_____
      Last   First   Goes by

ADDRESS_____/_____/_____
          Street   City   Zip code

CELL PHONE_____ SEX: M / F   D.O.B. _____ GRADE _____

T-SHIRT SIZE : Youth Small   Youth Medium   Youth Large

                Adult Small   Adult Medium   Adult Large

HEALTH INFORMATION

Are you on any medication?   No   Yes _____
                                                         Please Specify
Do you have any allergies?   No   Yes _____
                                                         Please Specify
Do you have any disabilities?   No   Yes _____
                                                         Please Specify

EMERGENCY INFORMATION

Doctor's Name_____ Phone # _____

Emergency Contact: _____ Phone # _____

Relationship: _____

RELEASE
I hereby certify that I am in normal health and capable of safely participating in the program named above. I understand that this activity is potentially dangerous and can result in injury, even under normal circumstances. I hold harmless the Geneva Family YMCA, any officer, volunteer or employee of the Geneva Family YMCA, and all involved with participation in the above mentioned activity. In the event that I am unable to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the Geneva Family YMCA to transport me to the nearest medical facility for treatment deemed necessary.

Date: _____   _____
                                                            Signature of parent/guardian

Fee: Grades K $15.00 _____

       Grades 1-2 $75.00 _____   Grades 3-6 $100.00_____

Geneva Youth Lacrosse Tournament
Parent Volunteer Sign-Up Sheet

On June 6th & 7th   the Geneva Youth Lacrosse Program will host its annual Battle on the Seneca Youth Lacrosse Tournament for Boys and Girls. This is a massive undertaking for our organization and we need the help and support of our participant's families. Please indicate below which committees you would be interested in volunteering for leading up to and during the tournament.

Committee chairs will be in touch with you regarding their needs. Thank you for contributing to make our tournament the best we can possibly make it.

Name:

Email:

Phone #:

Please circle the committees you are interested in volunteering on:

Marketing/Communications Committee

Set-Up Committee

Event Management Committee

Concessions/Vendor Committee

Post-Tournament/Clean-up Committee