



Youth Sports Registration & Waiver Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

How did you hear about this program? Referral ___ Newspaper ___ Postcard/Mailer ___ Radio ___
FEE: Y MEMBER ___\$45 PROGRAM MEMBER \$65___

Sport/Program (*Please Print*): _____

YMCA Membership: YMCA Member _____ Program Member _____

Participant Name: _____ Gender: M F Birthdate: _____

Age as of Start of Program: _____ T-Shirt Size: YS YM YL AS AM AL AXL Grade: _____

School: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Medical Conditions: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Help Make Your Child's Experience even Better VOLUNTEER today!

I would like to volunteer as a: Coach _____ Assistant Coach _____ Shirt Size: AS AM AL AXL

Waiver and Release

1. I hereby certify that my child is in reasonable health and is capable of safe participation in the program indicated above. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the Shiawassee Family YMCA to obtain medical treatment for my child in the event that the parent and emergency contact cannot be reached.
2. I hereby release the Shiawassee Family YMCA, its employees, its board, and contractors from any and all causes of action and or claims for any physical injuries, personal losses, or damage done to personal property while on the premises of either the Shiawassee Family YMCA, or properties associated with specific programs of the organization.
3. I agree to indemnify and save harmless the Shiawassee Family YMCA from any claims or demands arising out of any such injuries or losses.
4. I authorize the publication of any photography taken for or during this program for the use of promoting or advertising further programs, unless I notify the Shiawassee Family YMCA, of my desire to not permit any published photos at the time of registration.
5. I certify that I (the parent or guardian) and my child HAVE READ the MDCH concussion information found online at http://michigan.gov/documents/mdch/ParentsFactSheet_415323_7.pdf and http://michigan.gov/documents/mdch/AthletesFactSheet_415324_7.pdf, or at the Shiawassee Family YMCA front desk.

**By signing below I certify that I have read, agree to, and have acted on and understand the foregoing.*

Signature: _____ Date: _____