

# Daily Family YMCA of Bixby Youth Indoor Soccer 2010 Registration Form



We build strong kids, strong families, strong communities.

## Participant Information

(Please print legibly)

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

Jersey Size (circle one)    Youth S    Youth M    Youth L    Adult S    Adult M    Adult L

Health Conditions: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (cell)

Emails: \_\_\_\_\_

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the release or otherwise while the undersigned is in, upon, or about the premises or any facilities the negligence of the release or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by law of the State of Oklahoma and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED has given permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made

Parents Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Information

I am willing to:    ( ) coach    ( ) be an assistant coach    ( ) be a team parent

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*All Coaches, Assistant Coaches and Team Parents are Volunteer positions. No paid staff will be provided to coach.

## Age Division Information (circle one)

|     |     |     |
|-----|-----|-----|
| 3&4 | 5&5 | 7&8 |
|-----|-----|-----|

## Request Information

Friend Request: \_\_\_\_\_ Coach Request: \_\_\_\_\_

Day you CAN NOT practice: \_\_\_\_\_

*We try very hard to honor, but cannot guarantee requests*

## For Office Use Only

Member Type:    Y Member / Program Member

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Staff: \_\_\_\_\_