

# YMCA OF WINCHESTER PROGRAM REGISTRATION FORM

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Male/Female \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone 1# \_\_\_\_\_ Cell Phone 2# \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Program Name:**      Basketball                      Flag Football                      Cheerleading  
                         Dodge Ball                      Martial Arts                      Indoor T-Ball                      Other: \_\_\_\_\_

*Anyone playing for a school team (public or private) is not eligible for YMCA Basketball.*

**T-Shirt Size:**              Youth Small (6-8)              Youth Medium (10-12)              Youth Large (14-16)  
   Adult Small                      Adult Medium                      Adult Large  
   Adult X-Large                      Adult 2XL

**Are you a member of the Winchester YMCA?**      \_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

## **PERMISSION/ MEDICAL AUTHORIZATION RELEASE**

The undersigned being a parent/legal guardian of the above named child, hereby grants permission for said child to participate in the above referenced program and, in consideration of the acceptance of said child for a try out for or as a participant in, and for myself and said child and our respective personnel, representatives and heirs, hereby:

1. Appoints such representative of the YMCA of Winchester, Kentucky, who is present and is highest authority at the time, as my true lawful attorney-in-fact for the sole purpose of obtaining appropriate medical treatment for said child while involved in said program and, in the event that I cannot be present, to sign any required medical authorization form and other related papers authorizing treatment by doctors and the services of any hospitals.
2. Releases and forever discharges the YMCA of Winchester, Kentucky, the sponsors and administrators of the program sites, and their respective directors, officers, agents, representatives, successors and assigns, of and from all claims, demand, actions or causes of action, whether on account of damage to property, bodily injuries or death, resulting or to result from the participation of said child in said programs and travel to and from said program

**Parent/Guardian Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**                                      **Interested in Coaching? Yes No**

## **FOR OFFICE USE ONLY**

**Amount Paid** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Received By** \_\_\_\_\_