



YMCA ITTY BITTY SOCCER



For Children Ages 3 - 5

Parent participation is required. One parent may participate with up to two children.
Tuesdays, September 5, 12, 19, and 26, 5:30 - 6:30 PM

P-R-I-N-T NEATLY

Participant's Name _____
(first) (last)

Birth Date ___/___/___ Age as of Sept. 1st _____ Number of Years Played _____ Male Female

Address _____

City _____ State _____ Zip Code _____ Phone # _____

E-Mail: _____ Shirt Size Youth: S M L Adult: S M L XL

Parent / Legal Guardian _____ Home # _____ Work / Cell# _____

Parent / Legal Guardian _____ Home # _____ Work / Cell# _____

EMERGENCY CONTACT (other than Parent/Guardian)

Name _____ Home # _____ Work # _____ Cell # _____

Please list any medical needs and / or allergies your child may have: _____

FEES

Y Member: \$30

Non Member: \$45

I can help as: ___ Parent Volunteer

Photo Release Agreement (Optional)

Yes, I hereby grant permission for the Baker County YMCA to take and publish still photographs and/or publish those previously taken of my child.

Parent / Legal Guardian Signature _____

Date _____

The Baker County YMCA will not deny participation in any of its youth programs because of an individual's lack of funds. Contact the YMCA Front Desk Staff, Monday through Friday for information regarding limited, partial scholarship applications which should be turned in at least two weeks before the sign-up deadline.

WAIVER and AUTHORIZATION. On behalf of my child: I certify that my child is in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities, however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for my child. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my child's participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damage and for any claims or causes of action arising from my child's participation in the program. I give permission for media to be taken of my child(ren) to be used for YMCA promotional purposes.

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING

Parent / Legal Guardian Signature _____

Date _____

MAIL IN OR BRING COMPLETED FORM AND FEE TO:

Baker County YMCA
3715 Pocahontas Road
Baker City, OR 97814

Phone
(541)523-9622

FOR OFFICE USE

Amount Paid \$ _____
Receipt # _____ Date _____