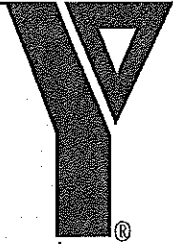


YOUTH & TEEN SPORT LEAGUE REGISTRATION

Indian Boundary YMCA Spring 2010 - SESSION 10Y

Form Must Be Filled Out Completely

Spring League Fees: Member \$50 / Program Member \$85 (Unless Otherwise Noted)	
<u>Spring Youth Soccer (Sat. Games)</u>	<u>Spring Family Soccer League (Friday Nights)</u>
<input type="checkbox"/> Division A - 4 & 5 Year Old	<input type="checkbox"/> Parent/Child 3yr
<input type="checkbox"/> Division B - 1st-2nd Gr.	
<input type="checkbox"/> Division C - 3rd-4th Gr. Co-ed	
<input type="checkbox"/> Division D - 5th-6th Gr. Boy	
<input type="checkbox"/> Division E - 5th-6th Gr. Girl	
<input type="checkbox"/> Uniform Fee \$28 one time fee Div C,D,E only	<u>Spring Youth Basketball</u>
	<input type="checkbox"/> Division A - 4-Kindergarten (Tues)
	<input type="checkbox"/> Division B - 1st-2nd Gr. (Wed)
<u>Spring Youth Football (Sat. Games)</u>	<u>Spring Volleyball League \$50 / \$85</u>
<input type="checkbox"/> Division A - 4 & 5 year old	<input type="checkbox"/> Division A - 4th & 5th Grade Coed (Mon)
<input type="checkbox"/> Division B - 1st-2nd Gr.	
<input type="checkbox"/> Division C - 3rd-4th Gr.	



PLEASE PRINT CLEARLY

Participants Name _____ email address _____

Address _____

City _____ State _____ Zip _____

Parents/Guardians Name _____

Best Number to be reached _____

Emergency Contact Name _____ Phone Number _____

Name of School _____ Current Grade / Grade Entering _____

Date of Birth _____ Age as of January 1st _____

WOULD YOU LIKE TO BE A COACH/ CO-COACH? *Check one please*
 YES NO Coach Name _____

Are you a member? YES NO

TOTAL AMOUNT\$ _____ Method of Payment: Cash Check Credit Card

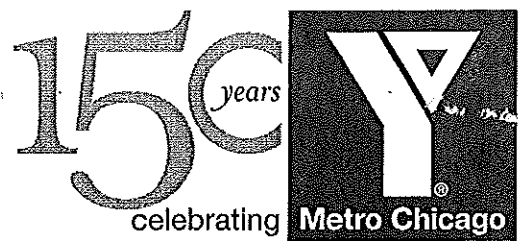
Type of Card _____ Acct# _____ Exp. Date _____

Participant specifically assumes all risks of injury arising out of his/her presence on or about the premises, or his/her use or intended use of equipment or facilities, or his/her participation in the activities of Young Men's Christian Association ("YMCA" of Metropolitan Chicago), an Illinois Charter Corporation, on or about the premises or at another location and does hereby for himself/herself, his/her heirs, executors and administrators waive, release and agree to hold free from all claims for damages, the YMCA of Metropolitan Chicago, and its respective officers, directors, Board of Managers, Trustees, members, employees or agents. The above also authorizes his or her picture to be taken for publicity purposes and the Indian Boundary YMCA Picture File.

Parent / Guardian Signature _____ Date _____

REQUESTS CANNOT BE GUARANTEED

INDIAN BOUNDARY YMCA Athletic Health History Form



GENERAL INFORMATION: (PLEASE PRINT)

Name: _____
LAST FIRST

Birth Date: _____ Age: _____

Home Address: _____
CITY STATE ZIP

Parents / Guardians: _____ Phone #: _____

Home Address: _____
(IF DIFFERENT FROM ABOVE) CITY STATE ZIP

Emergency Contact: _____ Phone #: _____
NAME RELATIONSHIP

HEALTH HISTORY:

The following information must be filled out by the parents / guardians. The intent of this information is to provide coaching personnel and YMCA staff the background to provide appropriate care if needed. Keep a completed form for your records.

Allergies: List all known (medication, food, insect stings, etc...) _____

Restrictions (if any, please provide any additional information about the participants behavior and physical, emotional or mental health that may be needed: _____

Parents / Guardians Authorizations: This health history is complete and correct and the above person has permission to participate at his / her own risk in all sports activities unless notified.

Name: _____ Signature: _____ Date: _____

I do hereby give permission for the Indian Boundary YMCA to transfer child named above off the YMCA / school property for the purpose of medical care as deemed appropriate by the director and in the event I cannot be reached in an EMERGENCY, I do hereby give my permission to the physician selected by the Director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

