



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth Sports Registration & Waiver Form

How did you hear about this program? Referral ___ Newspaper ___ Postcard/Mailer ___ Radio ___
Email Newsletter ___ The YMCA ___ Workplace ___ Program Guide ___ Website ___ Other _____

Sport/Program (Please Print): _____

YMCA Membership: YMCA Family Member _____ YMCA Member _____ Non-Member _____

Gender: Male or Female T-Shirt Size: YS YM YL AS AM AL AXL

Participant Name: _____ Birthdate: _____

Age: _____ Grade: _____ School: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Medical Conditions and/or Allergens: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Emergency Number: _____

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 normal 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 YMCA of Lenawee County to obtain medical treatment for my child in the event that the parent and emergency contact cannot be reached.
2. I hereby release the YMCA of Lenawee County and any associated persons or employees from any claims for any injuries, personal losses, or damage done to personal property while on the premises of either the YMCA of Lenawee County, or properties associated with specific programs of the organization.
3. I agree to indemnify and save harmless the YMCA of Lenawee County 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 YMCA of Lenawee County, 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, on the YMCA website under Youth Sports, or at the YMCA front desk.

**By signing below I certify that I have read, agree to, and have done all actions indicated in the five (5) points listed above.*

Signature: _____ Date: _____