

Please list any special needs here

Roller Hockey:  
Members: \$35  
Non-members \$70

“Helping people reach their God-given potential in spirit, mind and body”

YMCA of Greater Winston-Salem, Inc.

Kernersville Family YMCA

Parent Permission/Waiver for Participation in Youth Athletics

Sport: \_\_\_\_\_ Age Group: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Member/Non-Member \_\_\_\_\_

# Yrs Participated in this Sport: \_\_\_\_\_ Shirt Size: Youth: YS(6-8) \_\_\_\_\_ YM(10-12) \_\_\_\_\_ YL(14-16) \_\_\_\_\_ Adult: AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_ Other Siblings participating?  Yes  No. If yes, list name/age: \_\_\_\_\_

Player's Last Name: \_\_\_\_\_ First Name (goes by): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Parents/Guardians:

Father: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Employer: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Refund Policy:** Refunds request completed prior to evaluation period will be honored. No refunds are offered after date of team formation.

**Special Request:** Teams are formed by a draft procedure-special request are not guaranteed.

**Request for Permission:** I, the above referenced youth athlete's parent/guardian, hereby register my child to participate in YMCA youth athletics for the above listed sport. Note: this form must be completed for each season participated in.

**Assumption of Risk:** I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a Branch volunteer youth coach. I agree to follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that neither the volunteer youth coach nor the Branch can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in youth athletics.

**Release:** In consideration of the Branch allowing my child to participate in youth athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Branch, the YMCA of Greater Winston-Salem, Inc. and their respective volunteer youth coaches, officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA athletics, activities, or the above-described sports activities.

**Photographs.** Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child. Parent/Guardian Initials: \_\_\_\_\_

**Parents are responsible for providing transportation for their child to and from practice sessions and games.**

**Certification of Child's Fitness and Medical Authorization.** I, the undersigned, hereby certify that to the best of my knowledge, my child is physically fit and able to safely participate in the sports activity for which he or she has been registered.

In addition, I understand that in the case of the illness or injury of my child the Branch will try to notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

**Name of insurance company:** \_\_\_\_\_ **Insurance policy number:** \_\_\_\_\_

If your child has any allergies, asthmatic conditions or the like which the Branch should be aware, please list: \_\_\_\_\_

**IN WITNESS WHEREOF,** I have executed this Permission, Waiver/Release and Medical Certification form with full knowledge of its contents on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_(year).

Parent/Guardian Signature \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

**PLEASE NOTE: If you are willing to participate as a volunteer in support of this program, please check one (1) or more of the following:**

Coach  Assistant Coach  Referee/Umpire  Character Development Leader

For Office Use Only:

Date Registered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registered By: \_\_\_\_\_ Amt. Paid: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_