






# Unicoi County Family YMCA Youth Sports Registration Form

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Member - \$45

Non-Member - \$65

Additional \$10 fee after early bird cutoff date (Feb 16th)

<p>___ Volleyball</p>  <p><b>SELECT</b> Grade and Shirt Size</p> <p>Ages 8-9      Ages 10-12 Ages 13-14    Ages 15-17</p> <p><b>Shirt Size</b></p> <p>Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large</p>	<p>___ Soccer</p>  <p><b>SELECT</b> Grade and Shirt Size</p> <p>Ages 3-5      Ages 6-7 Ages 8-9      Ages 10-15</p> <p><b>Shirt Size</b></p> <p>Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large</p>	<p>___ Boys Basketball ___ Girls Basketball</p>  <p><b>SELECT</b> Grade and Shirt Size</p> <p>Grade PreK    Grade K-1 Grade 2-3     Grade 4-5 Grade 6-8     Grade 9-12</p> <p><b>Shirt Size</b></p> <p>Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large</p>
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Participants Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Name of Primary Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_  
Does your child take medication for Asthma?  Yes  No  
Does your child take any medication the YMCA or coach should be aware of?  Yes  No  
Are there any medical conditions or allergies we should be aware of?  Yes  No  
If yes, please specify \_\_\_\_\_

### NO REFUNDS

My child, as named above, has permission to participate in the designated sports league on this application. I hereby release this league, it's members and associates, coaches, sponsors, officers and directors of any liability from injuries occurred while participating in this activity. My child has had a medical physical in the past year by a medical doctor and has no known physical problems or conditions that would prohibit his/her participation. In the event of my absence and an injury occurs, I do hereby authorize the above-mentioned organization, or its representatives, to act as my agent to obtain medical treatment for my child. I grant the Unicoi County Family YMCA, it's representatives and employees the right to take photographs of me and my property, in connection with the above event. I authorize Unicoi County Family YMCA, it's assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Unicoi County Family YMCA may use such photographs of me with or without my name or for any lawful purpose, including for example such purposes as publicity, illustrations, advertising and web content.

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

Date: \_\_\_\_\_