



# SARASOTA FAMILY YMCA, Inc. – YOUTH SPORTS REGISTRATION FORM

**Program:**

- ESJ Basketball  Berlin Basketball  Indoor Soccer  Outdoor Soccer  T-ball/ Coach Pitch  
 Cheerleading  Tennis  Flag Football  Gators Training  Speed Bag Training  Volleyball

**Coaches Information:**

I would like to coach my child's team as:  Head Coach  Assistant Coach    Shirt Size: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sponsorship Opportunities:**

I am interested in supporting the YMCA Youth Sports programs:

- Team Sponsor \$300 (Name on jerseys for entire team)       Coaches Club Sponsor \$500 (Name on all Coaches shirts)  
 League Sponsor \$1000 (Name on jerseys for all teams in league)       Banner Sponsor \$500 (Banner on gym wall for 1 year)

**Team Mom:**

- I would like to be a part of the YMCA Youth Sports Mothers Club and support my child's team.

**Player Information:**

Name of Participant \_\_\_\_\_  Member  
First Last  Nonmember  
Grade: \_\_\_\_\_ Age at start of season: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
Seasons Played: \_\_\_\_\_ **PLAYER ABILITY:**  Beginner  Intermediate  Advanced  
**Shirt Size:**  YS (6-8)  YM (10-12)  YL (14-16)  AS  AM  AL  AXL  
**Preferred practice day (1-3):** M\_\_\_ T\_\_\_ TH\_\_\_ **Childs height:** \_\_\_\_\_ **Childs weight:** \_\_\_\_\_  
(Mandatory) (Mandatory)  
**Special Request:** \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
Last First  
Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_  
How did you hear about the program?  Flyer  Friend  Mail out  Y Employee  Other \_\_\_\_\_

**Emergency Information:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to participation in any off-site programs affiliated with the YMCA, the undersigned for himself, herself and any personal representatives, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Sarasota Family YMCA, Inc., YMCA Children, Youth and Family Services, Inc., their directors, officers, employees and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in this program or any other activities. I support YMCA Super Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

I have read and understand this agreement: \_\_\_\_\_  
Signature of Parent/Guardian Date

**FOR OFFICE USE ONLY**

**Date:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Receipt:** \_\_\_\_\_

