



FRONT DESK STAFF  
INITIALS  
\_\_\_\_\_

# DIXON FAMILY YMCA

## 2024 CO-ED SPRING SOCCER AGES 4-14 | REGISTRATION FORM

YMCA MEMBER FEE (U5 to U8): \$50.00 PROGRAM MEMBER: \$55.00

Interested in Donating to help a Youth participate  
Please Circle Yes NO

YMCA MEMBER FEE (U9 to U14): \$60.00 PROGRAM MEMBER: \$65.00

Amount to Donate: \_\_\_\_\_

<b>PARTICIPANT'S NAME</b>		<b>TODAY'S DATE</b> / /	
NEW PLAYER ( Y / N )	Y MEMBER ( Y / N )	GRADE (IF PRE-K FILL IN AGE)	
GENDER ( M / F )	DATE OF BIRTH / /	AGE AS OF August 1, 2024:	
ADDRESS	CITY	STATE	ZIP

<b>LEGAL GUARDIAN NAME</b>			
ADDRESS	CITY	STATE	ZIP
EMAIL	CELL PHONE		
PRIMARY PHONE	ALTERNATE PHONE		

<b>EMERGENCY CONTACT NAME</b>	<b>PHONE</b>	<b>RELATIONSHIP</b>
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**SPECIAL MEDICAL INFORMATION** \_\_\_\_\_

### Age Group (Please circle):

- |                        |                         |                         |
|------------------------|-------------------------|-------------------------|
| 5U (Born 2020)         | 6U (Born 2019)          | 7/8U (Born 2017-2018)   |
| 9/10U (Born 2015-2016) | 11/12U (Born 2013-2014) | 13/14U (Born 2011-2012) |

**SHIRT SIZE:**  
**YOUTH** XS S M L YXL    **ADULT** S M L XL

### VOLUNTEERS NEEDED

If you are interested in helping our Youth Sports Program this upcoming season, please check one of the following:

COACH       ASST. COACH      Shirt Size \_\_\_\_\_

### SPONSORSHIP

Would you or your company be willing to sponsor your child's sports team? ( Y / N )

Name/Business Sponsoring: \_\_\_\_\_

**NAME/CONTACT NUMBER FOR VOLUNTEER.** \_\_\_\_\_

### DAYS UNABLE TO PRACTICE – CIRCLE ONE

- MONDAY,    TUESDAY    WEDNESDAY    THURSDAY    FRIDAYS    ABLE TO MAKE ANY TIME

# PLEASE SIGN ATTACHED WAIVERS

## CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss any special conditions or circumstances involving your child with YMCA staff. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodations for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the Dixon Family YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings that may include my and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs and activities.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

## ACCEPTANCE

I accept the YMCA Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

\_\_\_\_\_  
SIGNATURE OF MEMBER / PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

## ILLINOIS MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the Dixon Family YMCA ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

## NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardians must sign below)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN

\_\_\_\_\_  
DATE