YSPORTS™

**YOUTH SPORTS LEAGUE REGISTRATION FORM**

**INFORMATION ON THE LEAGUE CAN BE FOUND IN THIS GUIDE ON PAGES 18 and 19**

**Please do not write or add any special requests on this form.**

# Mail-In/Fax YMCA YOUTH SPORTS LEAGUE REGISTRATION

## Coaches will contact all players week prior to practice

**Please complete one form per participant.**

**Mail to:** MetroWest YMCA
Program Registration
280 Old Connecticut Path
Framingham, MA 01701

**Membership Type:**
- ☐ Fixed Term/Expiration Date: _____ **(must be active through 3/17/2010)**
- ☐ Please renew my membership
- ☐ Bank Draft

**Today's Date** _____

PLEASE PRINT CLEARLY. *To be completed by participant if age 18 or parent if under age 18.*

| | LEAGUE Name(s) | Class/Code | Price |
|---|---|---|---|
| **LEAGUE** | _____ | _____ | _____ |

Total $ Due: _____

**PARENTS EMAIL (Please write clearly, thanks!)**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐@☐☐☐☐☐☐☐☐☐☐☐☐

Parent/Guardian's Name _____

Parent/Guardian's Birth date _____

Participant's Name _____

Participant's Gender _____ Participant's Birth Date _____

Address _____

City, State, Zip Code _____

Daytime Phone _____ Evening Phone _____

Amount of Payment _____ Check Number _____

Credit Card Number (MC/Visa/Discover ONLY) _____ Expiration Date _____

Signature of Card Holder (required) _____

**A SUCCESSFUL TEAM/LEAGUE IS NOT COMPLETE WITHOUT A COACH**
**See Coaches information on page 19 of this page**

**Volunteers Name**_____**Phone #**_____

**Email Address**_____

### Mandatory YMCA Waiver

I understand that the MetroWest YMCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the MetroWest YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the MetroWest YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. **I acknowledge the WAIVER set forth above.**

Signature of Participant or Parent GUARDIAN_____Date_____