



GRAND RIVER AREA FAMILY YMCA

1725 Locust Street Chillicothe, MO 64601 Phone: (660) 646-6677 Fax: (660) 646-5668

REGISTRATION FORM: FUTSAL (INDOOR SOCCER)

(One Form Per Child)

Child's Name: _____ M _____ F _____ Age: _____ Grade: _____

Birthdate: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Mother's Name: _____ Father's Name: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Cell phones will be used for contacting (by texting): 1. For the cancellation of games 2. For game location changes

EMERGENCY INFORMATION

Authorized persons (other than parents) to be called in case of an emergency:

Name	Phone	Relationship

Special Requests:

INSURANCE

It is expressly understood that the Grand River Area Family YMCA does not insure against, nor accept responsibility for, personal injury or property loss or damage to the participant which may be sustained as a result of his/her participation. Parents or legal guardians are responsible for medical care, treatment, and insurance for said participant.

RELEASE / WAIVER

In return for allowing the above mentioned participant to play in the above mentioned youth sports program, the undersigned, to be legally bound, release and forever discharge the Grand River Area Family YMCA, Calvary Baptist Church, their agents, representatives, successors and assigns from any claims for damages, including any claims for loss, damages or injury to the participant's person or property arising out of the participant's performance or failure of performance. If the undersigned has doubts about the physical condition of said participant, a physical examination is recommended. In addition, the undersigned hereby authorizes any first aid, medical treatment deemed necessary in case of emergency for said participant during the above mentioned youth sports program and give permission for emergency treatment, x-rays, or surgery as recommended by the attending physician. I / We assume full financial responsibility for any and all medical care for said participant.

Any pictures or videotape of participant during the above mentioned youth sports program may be used for promotional purposes of the YMCA activities and programs.

X _____
Parent / Legal Guardian Signature

Volunteers are an essential part to YMCA programs. If you would be interested in helping in any one of the following roles, please check one. Your help is greatly appreciated.

_____ **COACH** _____ **ASSISTANT COACH**

Office Use Only:	
Receipt # _____	Amt. Pd. \$ _____

Philipians 3:14 - I press toward the goal for the prize of the upward call of God in Christ Jesus.