



**GRAND RIVER AREA FAMILY YMCA**

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

**REGISTRATION FORM:** \_\_\_\_\_

(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: \_\_\_\_\_

Jersey Size: (Circle One) YS (6-8) YM (10-12) YL (14-16) Adult Sizes: S M L XL

EMERGENCY INFORMATION		
Authorized persons (other than parents) to be called in case of an emergency:		
Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

**Special Requests:**

Coach: \_\_\_\_\_

On Team With: \_\_\_\_\_

**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, 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

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

Coaches are a valuable asset to our organization and help produce the success of this league.  
If you would like to be involved please check below:

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Only as last resort \_\_\_\_\_