



# Kenton County YMCA 2008 Program Registration Form

<b>Office Use Only</b>	
Amt Pd	_____
Check	Cash    Charge
Staff Initials	_____
AS400	_____

Guardian: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Preferred Practice Nights (not guaranteed): \_\_\_\_\_

Special Health Needs/Special Requests: \_\_\_\_\_ First-time participant: Y N

Years of experience playing this sport (Please circle one):    1yr    2yrs    3yrs    4yrs    5 or more yrs

Please rate your athletic skill level (Please circle one.):    Beginner    Average    Above Average

\*Age division is determined by how old your child is on date the program starts.

Participants Name (Please print)	Birthdate (mm/dd/yyyy)	Age	Gender	Program Name	Shirt Size: YS, YM, YL, AS, AM, AL

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 (Other than parents) \_\_\_\_\_

**AGREEMENT**

- I hereby certify that my child is in good health and capable of safely participating in Kenton County YMCA Youth Sports Program. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize Kenton County YMCA to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached.
- I support the Kenton County YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.
- I understand that payments are non refundable and non transferable.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

<b>Parents...We Need Your Help!</b> We are looking for volunteer coaches and referees. If you are interested in helping, please fill out the below.						
Coach _____	Age Group _____	Referee _____	Age Group _____			
Assistant Coach _____	Age Group _____					
Coach's Shirt Size:	AS	AM	AL	AXL	AXXL	AXXXL

Return Registration form to:  
**Kenton County YMCA**  
 P.O. Box 367 Independence, KY 41051  
 Phone Number: 859-356-3178