

Hillsville Civitan Club and Grubb Family YMCA Softball Registration Form

Child's Name _____ Gender _____ Age _____
Birthdate ___/___/___ Phone _____
Address _____ City _____ State ___ Zip _____
Dad's Name _____ DOB _____ Mom's Name _____ DOB _____
Cell/Work Phone _____ Cell/Work Number _____
Email Address _____

____ I participated last year & will be playing on the same team. Team Name/Coach: _____
____ I have aged out and will be moving into a new league.
____ I am a new participant

Juniors Ages 7-10 _____ Seniors Ages 11-15 _____

Child's T-shirt size: Youth : (S) (M) (L)
(Please circle one) Adult : (S) (M) (L) (XL)

Please circle one day you **CANNOT** practice:
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

For United Way purposes :

Ethnicity: White _____ Black _____ Asian _____ Indian _____ Hispanic _____ Amer. Indian _____ Other _____

I agree to make every effort to have my child at all scheduled practices and games, understanding there are situations that may arise, keeping them from being there. If for any reason I will not be at practice and/or a game, it will be my responsibility to contact my coach to let him/her know that my child will not be there. I realize that my son/daughter's absence may result in limited playing time for him or her. I also realize that as a concerned parent I can approach the coach and/or sports director if I feel that my child is not having an optimum experience.

During games I understand that it is my responsibility to conduct myself in a manner that is a model for all children to follow.
I have read and understand the following and agree that all information about my son/daughter is correct.

I/We agree to return upon request the uniform and other equipment issued to our son or daughter in as good a condition as when we received except for normal wear and tear.

I/We will furnish a certified birth certificate of the above names applicant upon request of the Hillsville Civitan and Archdale-Trinity Family YMCA softball league.

I fully understand the inherent risks of injury resulting from physical activity. I voluntarily assume responsibility on behalf of myself and any family member, and agree to hold the YMCA of Greater High Point and the Hillsville Civitan Club harmless and release it from liability for injuries I or my family members may sustain.

Parent's Signature: _____ **Date:** _____

Volunteer coaches needed !
Would Dad or Mom like to coach ? (YES) (NO)