

# REGISTRATION FORM



PROGRAM(S) REGISTERING FOR \_\_\_\_\_ (Check off Back Side of Form)

Participant \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Are you a Charlottesville City Resident?  Yes  No If no, \_\_\_\_\_ County

Father/Guardian \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Father's E-mail \_\_\_\_\_ Mother's E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Year's Played: YMCA \_\_\_\_\_ AAU \_\_\_\_\_ Other \_\_\_\_\_

Ability Level (check one):  Exceptional for age  Above Average  Average  Novice

## VOLUNTEERS NEEDED!!

The YMCA is a volunteer-founded, volunteer-based, and volunteer-led organization. WE NEED YOUR HELP!

I am interested in participating as:  Sponsor\*  Commissioner  Coach  Assist. Coach

## AGREEMENT

**\*Must Sign**

1. I hereby certify that my child is in good health and capable of safe participation in this YMCA program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.
2. During the course of YMCA programs photographs are occasionally taken. Through this release, I authorize the Piedmont Family YMCA to print, publish, and display pictures of my child to promote YMCA programs through YMCA publications and the YMCA website, [www.piedmontymca.org](http://www.piedmontymca.org).
3. I support the YMCA Youth Sports Philosophy, which is based on **caring, honesty, respect, responsibility**, participation, fun, physical fitness and health, skill development, teamwork, and fair play.
4. I agree to abide by the CODE OF CONDUCT set forth on page 11. By signing this, I understand that both my child and I are subject to suspension, expulsion, and/or other sanction deemed appropriate from the YMCA if we fail to adhere to the code of conduct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## \*SPONSORSHIP/SCHOLARSHIP FUND

**\$150**

If you are looking to make a difference in the community as well as a way to advertise, consider sponsoring a program! Your contribution goes directly into our scholarship fund to help children participate in our programs that otherwise would be unable to. **SPONSOR 1 TEAM FOR \$150 AND RECEIVE:**

- ◆ A company name/logo displayed clearly on the back of each team t-shirt
- ◆ A recognition/appreciation plaque with team photograph suitable for displaying in your lobby

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

## PAYMENT INFORMATION

Method of Payment:  Check Enclosed  VISA  Mastercard  Discover

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_



# REGISTRATION FORM

**PROGRAM REGISTERING FOR:** *check box and circle time where applicable*

Check Box	PROGRAM	AGE RANGE	DATES	CIRCLE TIME	LOCATION
<input type="checkbox"/>	Cheerleading 1 (\$55)	Ages 3—10	1/26—2/23	10:00 11:00	YMCA/Courts *Basketball
<input type="checkbox"/>	Cheerleading 2 (\$55)	Ages 3—10	4/5—5/3	10:00 11:00	YMCA/Fields *Lacrosse
<input type="checkbox"/>	Dance 1 (\$45)	Ages 3—10	1/28—2/25	4:30 5:15 6:00	YMCA
<input type="checkbox"/>	Dance 2 (\$45)	Ages 3—10	3/17—4/14	4:30 5:15 6:00	YMCA
<input type="checkbox"/>	Gymnastics 1 (\$45)	Ages 3—10	1/31—2/28	4:00 4:45 5:30	YMCA
<input type="checkbox"/>	Gymnastics 2 (\$45)	Ages 3—10	3/20—4/17	4:00 4:45 5:30	YMCA
<input type="checkbox"/>	Lacrosse (\$85)	Grades 1—5	March— May	COACH _____	Albemarle Co. Fields/ STAB
<input type="checkbox"/>	Rookie Soccer (\$55)	Ages 3—7	3/29—5/3	9:00 10:00 11:00 12:00 1:00 2:00	Site _____
<input type="checkbox"/>	Scooter Basketball (\$65)	Ages 3—6	6/23—7/31	N/A	Albemarle Co. Schools
<input type="checkbox"/>	Summer League Basketball (\$75)	Grades 2— HS	June—July	COACH _____	Albemarle Co. Schools
<input type="checkbox"/>	Flag Football (\$85)	Ages 5—10	August— October	COACH _____	Albemarle Co. Schools
<input type="checkbox"/>	Summer Prep Clinic (\$95)*	Ages 8—17	April 22— May 16	N/A	Smith Pool

***\*After School, Childcare, and CYAC Swim Team require separate paperwork. Please call 974-YMCA for registration information.***



**Piedmont Family YMCA**  
442 Westfield Road  
Charlottesville, VA 22901

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U.S. POSTAGE  
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CHARLOTTESVILLE, VA  
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**YMCA Spring/Summer Program Guide 2008**