



PROGRAM PARTICIPANT APPLICATION

PARTICIPANT NAME				
Title (Mr., Mrs., Ms., Dr.)	First Name	MI	Last Name	Birthdate

PLEASE FILL OUT THIS SECTION IF PARTICIPANT IS UNDER THE AGE OF 18		
Age	Grade	School
Does the participant have any allergies, medical conditions, special needs or behavior concerns that should be considered?		

RESIDENCE			
Street	City	State	Zip Code
Home Phone ()	Sex (circle one) Male Female	T-Shirt Size (circle one) Children's S M L	Adult S M L XL

PARENT/ GUARDIAN			
Mother's Name	Mother's Place of Employment		
Work Number ()	Cell Phone Number ()	E-Mail Address	I am interested in Coaching (circle one) Yes No

PARENT/ GUARDIAN			
Father's Name	Father's Place of Employment		
Work Number ()	Cell Phone Number ()	E-Mail Address	I am interested in Coaching (circle one) Yes No

PROGRAM					
Please circle sport applicant is registering for					
Baseball	T-ball	Y-ball	Pinto	Jr. Pony	Pony
Softball	8 & Under	10 & Under	13 & Under	14 & Up	
Soccer	4&5	6&7	8&9	10 & Up	
Football	Flag	Peewee	Midget	Junior	
Wrestling		Cheerleading	Swim Lessons	Gymnastics	
Boys Basketball		6 & Under	8 & Under	10 & Under	12 & Under
Girls Basketball				Camp	
Other					

INTERESTS
I am interested in receiving information about the following:
<input type="checkbox"/> Youth Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Teen Programs <input type="checkbox"/> Fitness <input type="checkbox"/> Child Care / Day Camp <input type="checkbox"/> Aquatics <input type="checkbox"/> Family Programs <input type="checkbox"/> Adventure Program <input type="checkbox"/> Volunteering
We rely on volunteers to help us achieve our mission. If you are interested in helping out, please list your areas of interest:

How did you hear about this program?
<input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Mail <input type="checkbox"/> School <input type="checkbox"/> Internet/E-mail <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Don't Know
Are you aware that the YMCA offers financial assistance for programs?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently receive financial assistance?
<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT	
Name	Daytime Phone Number ()
Evening Phone Number ()	Cell Phone / Beeper Number ()

I hereby, for myself, my family, my heirs, executors, and administrators, waive and release any and all claims and damages I may have against the Young Men's Christian Association and Youth Center of Thomasville, Inc (hereinafter YMCA) and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me and my family in connection with participation in YMCA activities and programs. I also grant full permission to the YMCA to use any photographs or video recordings taken of me or my family. I agree to comply with YMCA policies and procedures and understand that my participation can be terminated without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and / or facilities.

Signature _____

Date _____ / _____ / _____

Parent or legal guardian must sign if applicant is under 18.