



**FOR YOUTH DEVELOPMENT™**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

For Office Use Only	
YMCA Member _____	Receipt # _____
Non-Member _____	Paid/Date _____
Scholarship _____	Staff Initials _____

Hot Springs Family YMCA Sports Director, Angela Lewis 130 Werner St. Hot Springs, AR 71913	<b>P</b> (501)623-8803 <b>F</b> (501)623-1310
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<b>REGISTRATION FEE:</b>	<b>MEMBERS</b>	<b>\$60.00</b>
	<b>NON MEMBERS</b>	<b>\$70.00</b>

**FOOTBALL**

Registration Ends - Aug 26th  
 Skills Day - Aug 27th  
 First Game - Sept 24th

**Uniform Information:** (Circle One)

Jersey Size:  
 YS - YM - YL - AS - AM - AL - AXL

**Flag:** 5-6  
**Tackle:** 7-8, 9-10, 11-12

**Each player will be provided with a football jersey (all other equipment must be supplied by athlete)**

**SOCCER**

**Fall:** Registration Ends - August 26th  
 Skills Day - August 27th  
 First Game - September 24th

**Spring:** Registration Ends - March 1st  
 Skills Day - March 2nd  
 First Game - March 31st

**Uniform Information:** (Circle One of Each)

Shirt Size: YS - YM - YL - AS - AM - AL - AXL  
Short Size: YS - YM - YL - AS - AM - AL - AXL  
Sock Size: Youth / Junior / Adult

**BASKETBALL**

Registration Ends - Dec 8th  
 Skills Day - Dec 8th  
 First Game - Jan 14th

**Uniform Information:** (Circle One)

Jersey Size:  
 YS - YM - YL - AS - AM - AL - AXL

**Divisions:** 5-7, 8-10, 11-13

**Each player will be provided with a basketball jersey**

### Registration Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of Aug 1st \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

School \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

- Team previously played last season: \_\_\_\_\_
- Every new athlete to the YMCA league must attend skills day.
- A copy of the athlete's birth certificate is required in the (11-12) division.
- DOES YOUR CHILD HAVE ANY PHYSICAL CONDITIONS OR ALLERGIES THAT WE SHOULD KNOW?

<u>Volunteer Information</u>
I would like to Volunteer as:
Head Coach: _____
Assistant Coach: _____
Name: _____
Phone: _____

The Hot Springs Family YMCA does not assume responsibility for injuries incurred while participating in any athletic or sports program or event and is not liable for lost or stolen items. I give permission to the YMCA, without obligation to me, to use any photographs, film footage, tape recording which may include my (my child's) image or voice for purposes of promoting YMCA programs. I understand that the goals and objectives of the YMCA Youth Sports Program are based on fun, fair play and skill development. As parents, we may not always agree with coaches and officials in games. I pledge that we will conduct ourselves in a manner that is reflective of our YMCA Sports Program. I undersigned for myself, my heirs and assigns, do hereby release the Hot Springs Family YMCA, employees, and agents from any and all claims for injury, death, loss or damage I may incur as a result of my (my child's) participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_