

# YMCA Sports Clinic/League

## Emergency Contact Information/Registration Form

Please Circle the Clinic or League that applies

Clinic: Ages 4-5

League: Ages 5-6

League: Ages 7-8

Child's Name \_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_  
First Middle Last

Mother/Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile Number \_\_\_\_\_ Email address \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Father/Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Emergency Contact Person(s) (Other Than Parent):

1. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Person(s) To Whom Child May Be Released

1. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Allergies (including food and medication reactions)

\_\_\_\_\_

***A Parent's Signature Is Required For Each Item Below To Indicate Parental Consent***

\_\_\_\_\_ Child being photographed by YMCA Staff or local newspaper photographer

\_\_\_\_\_ Child's photograph being placed on the YMCA's Facebook Page or Brochures for promotional purposes

\_\_\_\_\_ Administering of minor first aid procedures

\_\_\_\_\_ Obtaining emergency medical care

# Lebanon Valley Family YMCA

## Youth Sports Program Waiver

***THE YMCA DOES NOT PROVIDE ACCIDENT or MEDICAL INSURANCE FOR  
PROGRAM PARTICIPANTS***

### **WAIVER MUST BE SIGNED**

I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree and hold the YMCA harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity at the YMCA or in its programs. I have read and understand the above information. My child has permission to participate in this YMCA Youth Sports program with the conditions set forth. I also give the Lebanon Valley Family YMCA permission to take pictures of my child which may be published in YMCA materials.

Parent/Guardian Name (Please Print): \_\_\_\_\_

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

Parent/Guardian E-Mail Address: \_\_\_\_\_

Date: \_\_\_\_\_