



YMCA Sports Registration Form



Player Information:

| | |
|--|--|
| Child's Name: | Age: |
| School: | DOB: |
| Has your child played this sport before: <input type="checkbox"/> Yes <input type="checkbox"/> No | Shirt Size: |
| If yes, how many years? | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |

| | |
|-------------------------------------|-----------------|
| Age Groups: | |
| Y - Rompers | 3 4, 5, 6 |
| Y- Challengers | 7 - 8 9 - 10 |
| Y- Champions | 11 - 12 |
| Sport Registering for: _____ | |
| Coach Request: _____ | |
| Other Request: _____ | |
| Requests are NOT Guaranteed. | |

| | |
|------------------|-----------------------|
| Date Paid: _____ | Amount Paid: _____ |
| Receipt #: _____ | Staff Initials: _____ |

Parent Information:

| | | |
|----------------------------------|-------------|------|
| Parent/Guardian: | Home Phone: | |
| Address: | | |
| City: | State: | Zip: |
| E-mail: (required) | | |
| Contact Phone: (required) | | |
| Emergency Information | | |
| Emergency Contact: | | |
| Relationship: | | |
| Phone: | | |
| COACHING | | |

We are always looking for coaches and volunteers. If you or someone in your family is interested in coaching or assisting a team or league please fill out a volunteer packet available at Membership Services.

Coach Assistant coach Team Parent

Name: _____

Phone: _____

Have you coached before? Yes No

I certify that _____ is in normal health and may participate in Cheyenne Family YMCA Programs. In consideration of acceptance of this application for participation, I intend to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Cheyenne Family YMCA, program staff, City of Cheyenne, School District #1, and their agents for any and all injuries suffered by me or my child at any Cheyenne Family YMCA functions in which I have signed to participate in or volunteered to help with. I understand that this activity may cause pain, permanent injury, or death. As a parent/guardian, I have full read and understand this release form.

Parent or Guardian Signature

Date

I _____ have read and understand the conditions of registration as they are outlined in the pages of this packet.

Parent of Guardian Signature

Date

YMCA PARENT'S CODE OF ETHICS

- I will encourage good sportsmanship by demonstrating positive support for **all** players, coaches, and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical well being of my child ahead of a personal desire to win.
- I will support the implementation of the YMCA's four core values; caring, honesty, respect, and responsibility.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will do the very best to make the youth sports experience fun for my child.
- I will teach my child to treat other players, coaches, fans, and officials with respect regardless of race, gender, creed or ability.

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following the Parent's Code of Ethics.

Parent Signature _____ Date _____

Player Name _____ Date _____

YMCA PLAYERS CODE OF ETHICS

- I will respect all aspects of the game, including coaches, officials, teammates, opponents, fans, and rules, regardless of the behavior of others.
- I will support my teammates and be a team player.
- I will support the implementation of the YMCA's for core values; caring, honesty, respect, and responsibility.
- I will encourage good sportsmanship from fellow players, coaches, officials, and fans at every game and practice.
- I will do my best to learn from the and listen to my coaches.
- I will treat my coaches, teammates, opponents, officials, and fans with respect regardless of race, gender, creed, or ability.
- I will take responsibility for my own behavior.
- I will be humble in victory, and gracious in defeat.

Player Signature _____ Date _____

Parent Signature _____ Date _____



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