



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BERTIE COUNTY YMCA Youth Sports Registration Form Cheerleading 2016-17 for boys and girls ages 5 to 13

* PLEASE **PRINT** ALL INFORMATION CLEARLY AND SIGN*

Participants will practice at one of four Facilities. Please choose the one most convenient for you.

Bertie Academy _____ Aulander Elementary _____ W.B. Elementary _____ Colerain Elementary _____

Name of player _____ Sex _____ Birthdate ____/____/____

A copy of participant's birth certificate must accompany this form

Address _____ City _____ Phone _____

Special requests _____

T-shirt size (**please circle one**) Youth: S M L Adult: S M L XL XXL **SIZES ORDERED ARE FINAL.**

Parent(s) or Guardian(s) name(s) _____

Home Phone _____ Work Phone _____ Other Phone _____

In an emergency the parental/guardian names and phone numbers listed above will be called. Please provide an additional emergency contact person in the event the parents/guardians are not available for during an emergency. In an emergency, if parent/guardian is unavailable, please contact:

Name _____ Phone _____

SIGN UP DEADLINE Oct. 31, 2016

Relationship to player _____

Questions? Please call 794-9622

AGREEMENT

1. I hereby certify that my child is in normal health and capable of safe participation in the youth sports 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), guardian(s) or emergency contact cannot be reached.
2. I support YMCA Youth Sports and Jr. NBA philosophy, which is based on participation, fun, physical fitness, skill development, teamwork, fair play, family involvement, and volunteer leadership.
3. I am willing to participate as a volunteer in support of this program as a Coach, Assistant Coach, Official, Concessions or Other _____
4. To insure safety for all participants I understand that my child could be removed from the program without refund if he or she is not picked up from practice or games at the scheduled time.
5. To insure safety for all participants I understand that only program participants are authorized to be at practice or games unless accompanied by responsible adult supervision.

Signature of Parents or Legal Guardian

Date

(OVER)

P.O. Box 834 - Windsor, NC 27983 - (252) 794-9622 Fax (252) 794-3450

YMCA Mission: Dedicated to helping people enrich their lives physically, mentally, socially, and spiritually; Helping them grow as responsible members of the community in which they live.



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A registration fee of \$20 must accompany this application. Registration Deadline is Monday Oct. 31, 2016. Registration forms will not be accepted after the deadline. Turn in **fees and forms** directly to the YMCA Facility 1102 N. King St Windsor, NC 27983 For families with more than one youth participating, the program fee drops to \$15 each per additional participant.

FOR OFFICE USE ONLY

Date _____ Amount paid _____ Cash ___ Ck # _____ Receipt # _____



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