



# CITY OF LAKE GENEVA/YMCA FALL YOUTH SPORTS

Parent Email: \_\_\_\_\_

Participant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Age as of August 1, 2014 \_\_\_\_\_

Parent(s)Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**Volunteer Coach Please circle: Yes No**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Please circle sport you are volunteering for:

Coed Flag Football

Coed Recreational Soccer

**YMCA Waiver:** 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) and emergency contact cannot be reached. **The YMCA is not responsible for any medical costs that result from participating in this sports program.**

**SIGNATURE OF PARENT** \_\_\_\_\_

## Concussion Parent Agreement:

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance form an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

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

## 2016 FALL YOUTH SPORTS LINE UP

\_\_\_\_\_ **FLAG FOOTBALL ~ \$45** Season: Sept. 10 – Oct. 22

Please circle division: K-2<sup>nd</sup> 10-11am, 3-6<sup>th</sup> 10:30-Noon

NFL Team Jersey Preference \_\_\_\_\_

Circle Jersey Size: YM YL AS AM AL AXL

All Games at Veterans Park – Saturday's

Registration Dates: NOW – Aug 8, 2016

**NFL Waiver link will be emailed to you; child cannot play without you completing this step!**

\_\_\_\_\_ **RECREATIONAL SOCCER ~ \$35** Season: Sept. 13 – Oct. 20

Please circle division: 5-6yr. 7-8yr. 9-10yr.

Circle Shirt Size: YS 6-8; YM 10-12; YL 14-16; AS, AM, AL, AXL

Tuesday & Thursdays 4:30-5:30pm

All Games at Veteran's Park

Registration Dates: NOW – August 20

