

• Copley Family YMCA Sports Registration Form •

Middle School Athletic League

3901 Landis St. San Diego, CA 92105 • Phone (619) 283-2251 Fax (619) 283-7586

PLEASE PRINT LEGIBLY – USE ONE FORM PER CHILD

Flag Football
 Volleyball
 Soccer
 Basketball
 Baseball/Softball
 Track & Field

School _____

REGISTRATION INFORMATION

Child's Name _____ M F Age _____ Grade _____

Birth Date ____/____/____ Email Address _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Is your child a Copley Family YMCA Member? Yes No

Mother's Name _____ Primary Phone (_____) _____

Father's Name _____ Primary Phone (_____) _____

VOLUNTARY ETHNICITY TRACKING

White/Caucasian
 Black/African American
 Hispanic/Latino
 Native American Indian
 Multicultural
 Asian/Pacific Islander
 Other _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Child _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

NAME OF PARTICIPANT/MINOR _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.
2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
6. The COPLEY FAMILY YMCA may use my child's photos for promotional purposes.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

STAFF USE ONLY:

App. received by: _____ Date: _____

App. entered in CCC: ____ YES ____ NO

Payment received: ____ YES ____ NO Date: _____

FA Granted: ____ YES ____ NO ____ % off \$ _____ Paid

Form Reviewed and Complete ____ YES ____ NO

Notes: _____

Parent/Guardian Signature Date

Print Name

Registration Fees are Non Refundable _____
Initial

