

**City of Delaware Youth Sports
Registration Form — Spring 2020**

Participant Name: _____ MALE / FEMALE

Date of Birth: _____ Age (as of January 1, 2020): _____ Grade Level: _____

Permanent Street Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Secondary Phone: _____

Primary Email: _____

Alternate Email: _____

Emergency Contact (name and phone): _____

Choose Current Youth Sport League To Register
(separate registration form required for each additional sports league)

Jersey Size (circle): **YS YM YL AS AM AL AXL AXXL**

| | | | | | |
|---|---|---|---|---|--|
| Fall Soccer (Summer 2020) | <u>4-5 Age Division</u> Fee = \$40 (thru 08/31) Registration: 07/01 – 08/30 | <u>6-7 Age Division</u> Fee = \$40 (thru 08/31) Registration: 07/01 – 08/30 | <u>8-9 Age Division</u> Fee = \$40 (thru 08/31) Registration: 07/01 – 08/30 | | |
| Flag Football (Summer 2020) | <u>Grades 1st/2nd</u> Fee = \$40 (thru 08/31) Registration: 07/01 – 08/30 | | <u>Grades 3rd/4th/5th</u> Fee = \$40 (thru 08/31) Registration: 07/01 – 08/30 | | |
| Co-Ed Basketball (Fall 2020) | <u>Grades 3rd/4th</u> Fee = \$45 Registration: 09/01 – 11/22 | | <u>Grades 5th-6th</u> Fee = \$45 Registration: 09/01 – 11/22 | | |
| Spring Soccer Deadline: March 8 | <u>4-5 Age Division</u> Fee = \$40 01/05–03/08 | <u>6-7 Age Division</u> Fee = \$40 01/05–03/08 | <u>8-9 Age Division</u> Fee = \$40 01/05–03/08 | | |
| Baseball Deadline: March 8 | <u>T-Ball</u> Ages 4-6 Fee = \$40 01/05–03/08 | <u>Coach Pitch</u> Ages 6-8 Fee = \$40 01/05–03/08 | <u>Mustang</u> Ages 8-10 Fee = \$40 01/05–03/08 | <u>Little League</u> Ages 10-12 Fee = \$45 01/05–03/08 | <u>Little League Plus</u> Ages 13-16 Fee = \$60 01/05–03/08 |
| Softball Deadline: March 8 | <u>T-Ball</u> Ages 4-6 Fee = \$40 01/05–03/08 | <u>8U Softball</u> Ages 6-8 Fee = \$40 01/05–03/08 | <u>10U Softball</u> Ages 8-10 Fee = \$40 01/05–03/08 | <u>12U Softball</u> Ages 10-12 Fee = \$45 01/05–03/08 | <u>16U Softball</u> Ages 13-16 Fee = \$60 01/05–03/08 |

Please circle any/all that may be of your interest:

Head Coach

Assistant Coach

Officiate

Sponsor

Sponsor Name/Contact Info: _____

RELEASE OF ALL CLAIMS and PROMISE NOT TO SUE: I/We, the parent/guardian of the above named child, release the City of Delaware, the YMCA of Central Ohio, their employees, agents, officers, and servants of any risks and hazards incidental to the above activity, and hereby forever release, waive, and relinquish the City of Delaware, the YMCA of Central Ohio, its instructors and supervisors, and all other persons assisting in the conduct of said activities to the participant. I/We understand that because of prohibitive costs, no accidental, health, or life insurance covering the participants in this program will be procured and that my/our consent to the participation of the above named participant in this program is made with this understanding.

Parent/Guardian (print name): _____

Parent/Guardian Signature: _____

Checks are payable to: "Delaware YMCA" or "YMCA of Central Ohio" — 1121 South Houk Road, Delaware, OH 43015
A \$20.00 service fee will be applied to any returned check.

Contact: rob.morris@ymcacolumbus.org

Subscribe and receive new information updates on youth sports, TEXT: DELYYOUTHSPORTS to 84483

WE NO LONGER ACCEPT SPECIAL REQUESTS OF ANY KIND

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Youth Sports Program Participation—YMCA of Central Ohio Release Form

CONCUSSIONS

I have been given a copy of the Ohio Department of Health Concussion Information Sheet for Youth Sports Organizations. I acknowledge that if a concussion is suspected, then the program participant will be required to provide WRITTEN clearance from a health care provider, as defined in the statute, prior to returning to participate in any YMCA activities.

HOLD HARMLESS

In consideration for being allowed to participate in YMCA membership and programs, I agree to assume the risk of such activities and further hold harmless the YMCA, employees and volunteers from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from my YMCA involvement.

PHOTO RELEASE

Membership cards will be issued and each member's photo will be taken and held in the YMCA's membership software program for identification purposes. Additionally, in consideration for being allowed to participate in YMCA membership and programs, I understand that images, video and film footage is often used by the YMCA of Central Ohio for promotional and programs. For my participation in activities to be conducted by YMCA of Central Ohio I hereby give my permission and consent, now and for all time, to YMCA of Central Ohio, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of Central Ohio to make, reproduce, edit, broadcast or rebroadcast any video, film footage, soundtrack recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA of Central Ohio, for publication, display, or exhibition thereof in promotions, advertising and legitimate business uses without compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I have read and agree to the terms, conditions, and statements listed above.

Date: _____

YMCA of Central Ohio Branch: DELAWARE

Sport Activity: Baseball Softball Soccer

Participant Name (Print): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature (if participant under 18 years): _____

For Office Use Only:

Date Received:

Amount Received:

Cash/Check/ Credit:

Staff Initial: