



Pee-Wee Sports

Sport: 3 Sport 2 Sport Soccer Basketball T-Ball

Day: Mon Tue Wed Thu Sat Time: _____

- Winter
- Spring
- Summer
- Fall

We build strong kids, strong families, strong communities.

(Please print clearly, read carefully, and complete registration from.) How did you hear about us? _____

Player's First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Gender: Male Female Birth Date: _____ Age: _____

School: _____ Email: _____ Shirt Size: _____ Years Played: _____

Parents Name: _____ Cell Phone: _____ Work: _____

Name: _____ Cell Phone: _____ Work: _____

Emergency Contact: _____ Phone: _____

BE A VOLUNTEER!

The success of our YMCA Sports Programs and the quality of your child's experience is highly dependant on volunteers. If you are interested in volunteering, Please check box interested in volunteering.

Team Parent Other: _____

Name: _____

YMCA Codes Of Conduct

Player's Code

- 1) RESPECT Yourself & Others
- 2) Play Fair & Honorably
- 3) Obey The Rules Of The Game & Officials
- 4) Work As A Team
- 5) Be RESPONSIBLE, CARING, & HONEST At All Times
- 6) No "Trash" Talking
- 7) All Do Your Best
- 8) My Placement On Teams Is Lottery Style
- 9) Have FUN!

Parent's Code

- 1) Be A Role Model & Lead By Example
- 2) Be Positive
- 3) Be Conscious Of What You Say From The Sidelines
- 4) Obey All Official's Decisions
- 5) Support Your Coaches. They Are Volunteer
- 6) Show RESPECT. Everyone Is Important
- 7) Applaud Efforts By All Players
- 8) Observe The Rules Of The Facility
- 9) No Smoking, Drugs, Or Alcohol At Game & Practice Sites
- 10) Supervise All Your Children At All Times
- 11) Player's Placement On Teams Is Lottery Style. No Requests

I hereby acknowledge that I have read and understand the YMCA Codes Of Conduct and will follow them at all times.

X _____
Player's Signature

X _____
Parent Signature

BRANCH RELEASE /WAIVER FOR YMCA YOUTH (MINORS)

Name of Minor(s) _____

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 the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in 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, it's 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's 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.

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 force and effect.

Parent/Guardian Signature

Date

PHOTOGRAPHIC WAIVER/CONSENT

I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the YMCA's general publicity and campaign materials.

Signature _____ Date _____

Address _____