



# YBA REGISTRATION INFORMATION FORM

Participant: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size: XS YM YL YXL AS AM AL AXL

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Do you own or work for a business that might be interested in sponsoring a team? Y or N

If yes, contact: \_\_\_\_\_

The success of this program relies on parental involvement. If we do not have parents that volunteer as coaches and referees, we will not be able to run YBA2022. If you are interested in coaching or refereeing, a discount of 50% will be applied to your child’s account after you have been approved as a volunteer. For more information about the volunteer discount, please contact Shannon Smith at [ssmith@danvilleyymca.org](mailto:ssmith@danvilleyymca.org) or 217-442-0563.

I am interested in:    Assistant Coaching                      Coaching                      Refereeing

### Release and Waiver of Liability

I hereby certify that this child is in normal health and capably of participating in the YMCA Program. I understand that the YMCA does not carry health and accident insurance on its members or program participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant and their insurance carrier. On behalf of my child, I assume all risks and release and hold harmless the YMCA Association and all its members, staff, and volunteers from any claims which might arise because of the child’s presence, participation, and membership in the YMCA Association.

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