



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

OFFICIAL USE ONLY	
DATE:	_____
AMT PD:	_____
STAFF:	_____

# RECREATIONAL YOUTH SPORTS REGISTRATION FORM FALL 2022—HAGERSTOWN YMCA

Please bring or mail this form with payment to: Hagerstown YMCA 1100 Eastern Blvd N., Hagerstown, MD 21742  
301-739-3990 / www.ymahagerstown.org

	<input type="checkbox"/> Soccer
<b>Registration ends July 31*</b> <b>Play Begins August 29</b>	
<input type="checkbox"/> Tots (4-6)	<input type="checkbox"/> Elementary (9-10)
<input type="checkbox"/> Lil Kickers (7-8)	<input type="checkbox"/> Middle (11-13)
	<input type="checkbox"/> HS (14-16)

	<input type="checkbox"/> Coed Basketball
<b>Registration ends July 31*</b> <b>Play Begins August 29</b>	
<input type="checkbox"/> (6-7)	<input type="checkbox"/> Middle (11-13)
<input type="checkbox"/> Elementary (8-10)	<input type="checkbox"/> HS (14-16)

	<input type="checkbox"/> Volleyball
<b>Registration ends July 31*</b> <b>Play Begins August 29</b>	
<input type="checkbox"/> Girl's Elementary (Grade 3-5)	
<input type="checkbox"/> Girl's Middle (Grade 6-8)	
<input type="checkbox"/> Girl's JV (Grade 9-10)	

**Sport format:** Referee will be provided for elementary grade and up. One practice a week, games might be on Friday and Saturdays. **Fee:** \$60 Members / \$93 Program Participant. **\*Registration closes July 31 or when all spots are filled.**

## PARTICIPANT INFORMATION (PLEASE PRINT)

Participant's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Current Grade Level:	Birth Date: ___ / ___ / ___	Age:
Height: _____	Weight: _____	Years Experience: _____	

Jersey Size:	Youth Sizes:	Adult Sizes:
	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> 2XL
		<input type="checkbox"/> M <input type="checkbox"/> XL <input type="checkbox"/> 3XL

## PRIMARY ADULT/LEGAL GUARDIAN INFORMATION

Adult/Guardian: First: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: _____	Home Phone: _____
City: _____ State: _____ Zip: _____	Cell Phone: _____

Email Address (required): \_\_\_\_\_

Requests by Priority: A: \_\_\_\_\_ (All efforts will be made to honor requests but cannot guarantee)  
B: \_\_\_\_\_

## PROGRAM SUPPORT (Volunteers are needed for Youth Sports to be successful.)

Program Support:  Head Coach  Assistant Coach  Referee  Team Parent  Other \_\_\_\_\_

## SPECTATOR REGULATIONS

Referees will have complete authority over the game. They may eject a spectator for indecent language, unsportsmanlike conduct, or any infraction of the rules. YMCA Staff will enforce any and all rules and regulations regarding conduct of coaches, players, and spectators. Refusal of an ejected player, coach, or spectator to leave the field within 1 minute will constitute a team forfeit.

**Waiver of Liability:** By my signature below, I acknowledge that there are inherent risks and dangers associated with camp and recreation program(s) and therefore, I understand that the YMCA of Hagerstown, Maryland, Inc. (YMCA) assumes no responsibility for injuries which I, my spouse/partner, or my/our minor children may sustain as a result of my/their physical condition, my/their use of any facilities, or my/their participation in any activities, programs, exercise, or use of equipment. I acknowledge on behalf of myself, my spouse/partner, and my/our minor children and or heirs that I assume the risk of any and all injuries, illness, death, loss of damage which may result from any of the foregoing. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, and loss of damage which I, my spouse/partner, or minor children may suffer as a result of my/their physical condition, or improper use of equipment, this program, the use of any facility or participation in activities.

**Concussion Acknowledgement:** I hereby acknowledge that I received the Concussion Information Sheet and the Fact Sheet for Athletes and Parents. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention and treatment of concussions.

**Media Release:** I give permission to the YMCA of Hagerstown, Maryland, Inc. (YMCA) to use indefinitely, without limitation or obligation, photos, slides, film footage, or video recordings which may include my, my spouse/partner, or my/our minor children's image or voice for purpose of promoting or interpreting the YMCA and its programs. If I prefer to not allow my, my spouse/partner, or the above registered individual's images be utilized, I will provide in writing a notarized request within 10 days of this registration.

**Discipline Policy:** Discipline is handled in a positive manner that is consistent with the developmental needs of the individual child. Clear behavioral limits are set, and reasons for rules and regulations are explained. We expect children to have self-control and to handle conflicts in peaceful ways. If necessary, a brief "timeout" allows a child/group to regain composure, reflect upon negative behavior and to formulate, along with the help of a staff member, a more appropriate form of action.

**Loss/Damage of Personal Property:** I understand that the YMCA of Hagerstown, Maryland, Inc. (YMCA) is not responsible for personal property lost or stolen while I, my spouse/partner or my/our minor children are using the YMCA or other facilities/property used by the YMCA. It is my responsibility to notify the YMCA of any incidents and contact the police myself to report any stolen property or damage. It is further agreed that I, my spouse/partner will assume full responsibility for all damage done by the registered participant to the property of the YMCA, vendors, or other participants.

Following CDC guidelines, the YMCA will be allowing only immediate family (parents, siblings, grandparents, uncles and aunts) to spectate the games. As a spectator, it is required to use personal protective equipments (masks) while maintaining the 6ft courtesy distance.

Please inquire about our refund policy at the time of registration.

I have read and acknowledge the waivers and conditions set forth in the Registration and I am in agreement with the terms and conditions.

\_\_\_\_\_  
Athlete Name

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date