

BROOME COUNTY YMCA SWIM & YOUTH SPORTS REGISTRATION FORM

NAME: _____ DOB: _____ SEX: _____

E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (C) _____ (W) _____

EMERGENCY CONTACT: Please list someone other than that will be accompanying the participant.

NAME: _____ PHONE: _____

Indicate only one

Program Type: Swim Youth Sports Volunteer Youth Sports Coach

Program Location: _____ Dates: _____

Program Name: _____ Level/Age Group: _____

Day(s): _____ Time: _____

Shirt Size: Youth Sports or Volunteer Youth Sports Coach Only. Circle only one.

Youth: Small Medium Large Adult: Small Medium Larger X-Large XX-Large

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself and for my child, waive and release any and all rights, including use of photography, video, or audio, and claims for damages I may have against the Broome County YMCA, their representatives, successors, and assigns for any injuries suffered by me in the YMCA programs.

Parent Signature: _____ Date: _____