



**Altavista Area YMCA  
2019 DIXIE SOFTBALL  
Registration dates: Jan. 20<sup>th</sup> through Feb. 25<sup>th</sup>  
www.altavistaymca.com**

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**Age as of Jan. 1<sup>st</sup>, 2019 \_\_\_\_\_ (For ages 7 through 12)**

<b>I am interested in volunteering as a:</b>	<b>Coach</b>	<b>Assistant Coach</b>	<b>Team Mom</b>
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**Players Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Boy or Girl \_\_\_\_\_**

**T-Shirt size (circle one)**

**Youth Small (6/8) Youth Medium (10/12) Youth Large (14/16) Adult Small Adult Medium Adult Large Adult X-Large**

**Physical Address (No PO Boxes) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_**

**Mailing Address (If Different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_**

**The YMCA conducts regular sex offender screening on all members, participants, and guest. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.**

**Provide the following information so that we may screen necessary data bases.**

**Parent's/Guardian's Name & Date of Birth: \_\_\_\_\_**

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**E-mail address \_\_\_\_\_**

**Primary contact Phone # \_\_\_\_\_ Secondary contact Phone # \_\_\_\_\_**



**MEDICAL INFORMATION**

Please use the space below to list or explain any medical conditions that may affect your child's participation in the Youth Sports program. (For example peanut allergy, bee stings, asthma, ADHD, Prosthetic, etc.) This information will be made available to your child's coach.



I authorize the Altavista YMCA staff and/or its representatives in emergency to seek medical treatment for my child in the event. Circle one                      Yes      No                      No

I hereby certify as parent/guardian of the above named child, give my approval to his/her participation in any and all YMCA Youth Sports Activities. I assume all risks and hazards incidental to such participation including transportation to and from activities and do hereby waive, release, absolve, identify and agree to hold harmless the Altavista Area YMCA, the organizers, sponsors, supervisors, participants, and person transporting child to and from actives form any claim arising out of any injury to my child, whether the results of negligence or from any other cause.

I support the YMCA Youth Sports Code of Conduct, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership. A copy of the Code of Conduct maybe obtained from the Sports Director.

By signing this form, I agree to uphold the standards of the YMCA Code of Conduct. I also agree that my spouse, and any additional family members that may attend one of the scheduled events are to abide by the same guidelines, and it is my responsibility to make them aware of the Code of Conduct.

The YMCA will make every attempt to reschedule games missed due to inclement weather. I understand that the YMCA will not issue refunds for games missed due to inclement weather.

I give authorization for the Altavista Area YMCA to photograph myself, my child, or other family members, while participating in YMCA programs.

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

\_\_\_\_\_  
Date

<p>YMCA Member or Town of Altavista Resident \$50    Non-Members or Out-of-Town: \$60</p> <p>Amount Paid \$ _____ Check # _____ Cash _____ Credit Card _____ Scholarship _____</p> <p>Received By: _____ (Staff Initials)    Date Paid: _____</p>
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