



# SPONSORED BY CHRIST PRESBYTERIAN CHURCH & PHIL CLINE

May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127 | Phil Cline Family YMCA • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25703 • (304) 522-0616

## MULTI-SPORT OUTREACH FOR BOYS AND GIRLS

**PROGRAM REGISTRATION** now until May 25

K - 2nd | 9 - 10:30am  
3rd - 5th | 11am - 12:30pm  
Middle School | 1 - 2:30pm

**COST** Free

**LOCATION** Phil Cline Family Y

**To register, or for more information, contact:**  
DuRon Jackson 304.697.7113 | djackson@huntingtonymca.org

**Please complete all information. Incomplete forms will not be processed.**



DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST NAME \_\_\_\_\_

FIRST \_\_\_\_\_

**PLAYER INFORMATION** **PLEASE PRINT CLEARLY**

MEMBER NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX:  MALE  FEMALE

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

PARENT / GUARDIAN NAME(S) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MEDICAL / EMERGENCY INFORMATION**

**IMPORTANT** LIST ANY MEDICAL PROBLEMS OR LIMITATIONS (INCLUDING FOOD ALLERGIES) \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF AN EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

I do hereby waive, release, and forever discharge the Huntington YMCA, its employees, independent contractors, or anyone acting on its behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the YMCA, including those injuries or damages that may be incurred by the use of equipment furnished by the YMCA. By signing below, I acknowledge there may be health risks associated with my child's participation in the YMCA's program(s), which may include, but not be limited to, transient lightheadedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise-related ailments that I willfully assume those risks. I understand that I may request that my child stop or delay his or her participation in any activity and that my child may be requested to stop and rest by any YMCA representative who observes any symptoms of distress or abnormal response to activity, I declare that I have read, understood, and agree to the contents of this concerned agreement in its entirety.

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

**DROP OFF** at any Y location or **MAIL APPLICATION TO:** YMCA | 917 9th Street | Huntington, WV 25701



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## MULTI-SPORT OUTREACH

Christ Presbyterian Church & Phil Cline Family Y will be hosting a multi-sport theme vacation bible school. Each day will focus on a different sport or activity, starting Wednesday, June 6 and ending Sunday, June 10. This will be a perfect time for the community to come together and learn new skills in multiple sports. Sports are a great way to bring kids together and learn the teachings of the Bible.

### AGES AND TIMES

Kindergarten - 2nd | 9 - 10:30am  
3rd - 5th grade | 11am - 12:30pm  
Middle School 1- 2:30pm

**Sunday, June 10 we will have a pool party at our outdoor pool located at the Kennedy Center, there is no cost to this outreach!**

For more info: follow us on twitter and like us on facebook @PhilClineYMCA

I do hereby waive, release, and forever discharge Christ Presbyterian Church (CPC), its employees, independent contractors, or anyone acting on its behalf, from any and all liability for injuries and damages resulting from my child's participation in these Vacation Bible School activities sponsored by CPC, including those injuries or damages that may be incurred by the use of equipment furnished by the aforementioned. By signing below, I acknowledge there may be health risks associated with my child's participation in this VBS which may include, but not limited to, transient lightheadedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise-related ailments, that I willfully assume those risks. I understand that I may request that my child stop or delay his/her participation in any activity and that my child may be requested to stop and rest by any representative of CPC who observes any symptoms of distress or abnormal response to activity. I declare that I have read, understood, and agree to the contents of this concerned agreement in its entirety.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**FOR MORE INFORMATION:**

**Phil Cline Family Y | 304.697.7113 | [www.huntingtonymca.org](http://www.huntingtonymca.org)**