the YMCA T-BALL APPLICATION 2017

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

DATE ___/___/_____

JUNE 1 – JULY 6, 2017

THURSDAYS

Ages 5-7

AGES 5-7 | 6:40 - 8:00 PM

REGISTRATION: MAY 1-24, 2017

COMPLETED APPLICATIONS CAN BE DROPPED OFF AT:
Phil Cline Family YMCA, 917 9th St. Huntington, WV 25701

COST $40 Member | $60 Non-Member

Ask about a Youth Membership | $46 per year

FOR ADDITIONAL INFORMATION: TED FERRELL | 304.654.9815

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

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 _____

_____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (_____) _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (_____) _____

AGE GROUP CATEGORY

PLEASE CHECK YOUR CHILD'S AGE GROUP: ❑ Age 5-7

VOLUNTEERS ARE WELCOME TO COACH

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 chid 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

MAIL OR DROP OFF APPLICATION TO: Phil Cline Family YMCA | 917 Ninth Street | Huntington, WV 25701