



# JOIN YOUTH LACROSSE

## SPRING 2018 | FIRST SEASON TIMETABLE

**Registration: February 1 - March 14. Applications after this date are at risk of not getting equipment in time before first practice.**

### QUESTIONS

Call or text Ted Ferrell (304.654.9815) or Paul Blom (304.634.2519).  
Email [teferrell@huntingtonymca.org](mailto:teferrell@huntingtonymca.org)

### First game is April 8.

Games and practices worked out around soccer schedules so that children can play both.

Games are on Sunday afternoons between 1:30 - 4:30pm.

All Age groups are co-ed. This is a recreational league and playing time is mandatory (half of each game).

Game jersey provided by the YMCA.

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**Parents must provide:** lacrosse approved protective equipment that includes helmet, shoulder pads, arm pads, gloves, stick and mouthpiece. These are mandatory and must be worn at practices and games.

**Misc:** Jewelry may not be worn during games or practice (including newly pierced ears). Casts are not permitted.

### Y Membership Rate Eligibility.

Child must be a member of either:  
Y Family Membership (10<sup>th</sup> Avenue | 304.525.8127) or  
Youth Facility Membership (917 9<sup>th</sup> St. | 304.697.7113 | Costs \$46 annually) includes usage of gyms, running track, game room and a reduction on all YMCA Youth programs, such as lacrosse, soccer, basketball, and swim classes.



**FOR MORE INFORMATION:**

**Huntington Y | 304.697.7113 | [www.huntingtonymca.org](http://www.huntingtonymca.org)**



# the YOUTH LACROSSE APPLICATION

Phil Cline Family Y • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25702 • (304) 522-0616 | May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127

**Please complete all information. Incomplete forms will not be processed. Registration: March 14, 2018.**

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 \_\_\_\_\_  
 PERSON TO NOTIFY IN CASE OF AN EMERGENCY  
 NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

## AGE GROUP CATEGORY

PLEASE CIRCLE YOUR CHILD'S CURRENT GRADE LEVEL: If older than January 1<sup>st</sup> date must play in next grade group.

CO-ED	NO OLDER THAN	MEMBER FEE	NON MEMBER FEE
3 <sup>rd</sup> Grade (U9)	01/01/2008	\$75	\$95
4 <sup>th</sup> Grade (U10)	01/01/2007	\$75	\$95
5 <sup>th</sup> Grade (U11)	01/01/2006	\$75	\$95

**ONE OR MORE GRADES MAY BE COMBINED.**

**IS THERE AN EVENING YOUR CHILD(REN) CANNOT PRACTICE?**

If so please list the date(s) below.

\_\_\_\_\_

**VOLUNTEERS NEEDED** Parent volunteers are an intricate part of YMCA Youth Sports Please check if you would like to volunteer.

- Coach: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Asst. Coach: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PAYMENT MUST ACCOMPANY APPLICATION.** Check # \_\_\_\_\_

## Y YOUTH SPORTS PROGRAM(S)

The undersigned parent/guardian of the minor named above do hereby authorize the officer, coach or leader of the Y LACROSSE LEAGUE give my consent for all medical attention duly prescribed by a duly licensed doctor of medicine, for the above minor. The care may be given under whatever conditions are necessary to preserve the life, limbs or well being of my dependent. I do hereby waive, release, and forever discharge the Huntington Y, its employees, independent contractors, or anyone acting on it's behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the Y, including those injuries or damages that may be incurred by the use of equipment furnished by the Y. By signing below, I acknowledge there may be health risks associated with my child's participation in the Y LACROSSE LEAGUE, 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 Y 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 informed concerned agreement in its entirety.

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

**DROP OFF APPLICATION TO:** Huntington YMCA | 917 9th Street | Huntington, WV 25701



## Huntington YMCA PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by Huntington YMCA, I hereby give my permission and consent, now and for all time, to Huntington YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with Huntington YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Huntington YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at Huntington YMCA, I authorize, according to this Release, shall belong to Huntington YMCA, YMCA of the USA and third parties collaborating with Huntington YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Huntington YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Huntington YMCA will not be subject to any obligation of confidentiality and may be shared with and used by Huntington YMCA, YMCA of the USA and third parties collaborating with Huntington YMCA and/or YMCA of the USA;
- Huntington YMCA, YMCA of the USA and third parties collaborating with Huntington YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Huntington YMCA; and
- Huntington YMCA, YMCA of the USA and third parties collaborating with Huntington YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Huntington YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge Huntington YMCA, YMCA of the USA and third parties collaborating with Huntington YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Huntington YMCA as described herein.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

I am the Mother/Father/Legal Guardian of \_\_\_\_\_ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_