



YMCA CHALLENGER SPORTS

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

INDOOR BASEBALL

REGISTRATION now through March 6, 2018

SEASON begins Wednesday March 7, 2018 (Four week program)

COST \$10 per child | adults

LOCATION Phil Cline Gym to be reserved each week

Challenger Program Director, Jamie Berry

To register, or for more information, contact:

DuRon Jackson 304.697.7113 | djackson@huntingtonymca.org



Ages 5 - Adult

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

PLAYER INFORMATION	PLEASE PRINT CLEARLY
MEMBER NO. _____	DATE OF BIRTH _____
GRADE _____	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> 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: (____) _____	

DATE ____/____/____ LAST NAME _____ FIRST _____

I agree that the Huntington Y may photograph or videotape me, and the Y may use those photographs or video footage for its marketing purposes I release the Y from any claim or liability related to that use, and waive all claims for myself, my heirs and assignee against the individual staff persons and the Huntington Y.

_____/____/____
Parent / Guardian Signature Date

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