



Quincy Family YMCA 5th & 6th Football Clinic Registration Form

Athlete's Name:	Birthdate:
School:	Grade:
Shirt Size (circle one): YS YM YL S M L XL	
Parent Name:	Parent DOB:
Primary Phone:	Secondary Phone:
Email:	
Check here if you would like to sign up for mobile text alerts (i.e.-game cancellations)	

I, the undersigned parent or legal guardian of the above named minor, do hereby give my consent and agree that he/she may participate in Quincy YMCA programs. I understand that the YMCA, its staff, volunteers, Board of Directors or anyone designated by the YMCA to work with the participants assumes no responsibility for anyone in case of any loss by accidents or injury to persons or property as a result of any child using YMCA property or participating in a YMCA program and I hold same harmless for any such occurrence.

I further understand that the YMCA does not carry any medical or accident insurance for injury or loss for persons using the YMCA facilities involved in YMCA programs, and I am responsible for adequate medical insurance and insurance for loss of theft of property. My understanding of these matters is witnessed by my signature below.

I agree to abide with the following YMCA policy. No child 8 and under can be at the YMCA without a parent or guardian on the premises unless they are participating in a YMCA program. This policy is for the safety and security of every child.

ONLY 50% of your program service fee is refundable. These refunds can only be given before the 1st game and if ALL issued equipment is turned back in. NO refunds will be issued after the 1st game.

Parent/Guardian Signature: _____ **Date:** _____

YMCA Mission

To put Christian principles into practice through programs that build healthy spirit, mind and body for all. No one is ever denied participation or membership to the YMCA due to race, religion or inability to pay.