

**CAMARILLO FAMILY YMCA  
YOUTH SPORTS  
FLAG FOOTBALL REGISTRATION FORM**



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

PARTICIPANT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: M F  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

Please CIRCLE Uniform Size:

YXS	YS	YM	YL
YXL	AS	AM	AL

How did you hear about our Sports Leagues?  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARENTS:** We really need adults to volunteer in several key areas! Please write your name down and indicate with an "X" where you are willing to assist. THANK YOU for helping us to make our sports leagues so successful!!

NAME: \_\_\_\_\_ COACH: \_\_\_\_\_ ASST. COACH: \_\_\_\_\_ TEAM PARENT: \_\_\_\_\_

**FIRST TIME VOLUNTEERING:** \_\_\_\_\_

SPECIAL REQUESTS:

We try to grant ALL requests however, it is not guaranteed!

SKILL LEVEL:

BEGINNER
  INTERMEDIATE
  ADVANCED

**PARENTAL PERMISSION FORM**

I hereby certify that \_\_\_\_\_ is in normal health and capable of participating in the YMCA Program.

The undersigned as parent or legal guardian of \_\_\_\_\_ hereby authorizes the YMCA and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required to, communicate with me prior to such treatment. The undersigned further agrees that the YMCA and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to the YMCA in conjunction with any authorized event.

SIGNED: \_\_\_\_\_ (Parent or Legal Guardian) DATE: \_\_\_\_\_

In an emergency notify: \_\_\_\_\_  
 NAME Relationship PHONE

OFFICE USE:

_____	_____	_____	_____
DATE	PAID	DIVISION	INITIALS