



County of Newberry Recreation - YMCA – Prosperity Community Sports Registration Form



Please Circle Sport you are registering for: *T-Ball / Coaches Pitch / Soccer Academy*

Personal Information:

Player's Name: _____ / _____ / _____ Birth date: ___/___/___ Age on April 30th: _____ Sex: ___M ___F

Father's Name: _____ Mother's Name: _____ Guardian's Name: _____

Street Address: _____ City: _____ Zip: _____ Email: _____

Phone: Home: _____ Work: _____ Cell: _____ Other: _____

Please Circle Player's Shirt Size: **YS** **YM** **YL** **AS** **AM** **AL** **AXL** **AXXL**

Medical Information:

Doctor: _____ PH: _____ Please list any condition(s) that would restrict your child's participation.

Emergency Contact: _____ Relationship: _____ Phone: _____

Special Accommodations:

Please describe any accommodations you require for successful participation/inclusion in our programs: *(Use back of sheet for additional space)*

PLEASE READ WAIVER AND RELEASE BEFORE SIGNING:

In signing up and participating in Newberry County programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child may sustain as a result of participation. I further agree to waive and relinquish all claims my child may have as a result of participating in these programs against Newberry County, Newberry YMCA and the Town of Prosperity, its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel.

I understand I am responsible for all costs incurred in any such medical emergency.

I understand photographs of my child's participation in this program may be used by Newberry County to promote the County's events facilities, without compensation and without approval. I have read and fully understand this waiver and release.

PARENT'S SIGNATURE: _____ Driver's License#: _____ DATE: _____

(Parent or legal guardian must sign for participants under age 18)

Please check here if interested in sponsoring or coaching a team: ___T-ball ___Coaches Pitch ___Any

Sponsor Contact Info: _____ Coaches Contact Info: _____

Additional Shirt Order: YS-AXL - \$10.00 ea. - AXXL -\$12.00 ea. - AXXXL - \$13.00 ea.

___YS ___YM ___YL ___AS ___AM ___AL ___AXL ___AXXL ___AXXL /- Total: \$_____

(Please list quantity on line by each size ordered)

Spring Sports	Date	Fee	For Staff Use Only			
			Payment Received	Receipt No.	Date Received	Received By
T-Ball		40.00				
Coaches Pitch		40.00				
Soccer Academy		50.00				
Late Fee		15.00				