

SANTA MARIA VALLEY YMCA

DEADLINE: JUNE 3, 2018 ROOKIE SPORTS- T-BALL



This is a precompetitive sports program for children ages 3-4 and 5-6. Practice/games are modified to be developmentally appropriate for this age group where they will learn at their own pace and focus on the following: tactics and skills, rules and traditions of the sport, fitness, character development, and FUN!

A Parent or Guardian must be present at each Practice/Game and may be asked to participate if needed.

Session Information

June 5th – June 26th

Ages 3-4 Tuesdays 4:30-5:15 pm

Ages 5-6 Tuesdays 5:30-6:15 pm



Cost

YMCA Members \$48.00 Participants \$63.00

Price includes 1 team picture per child, uniform, coaches, and snacks.

NO REFUNDS UNLESS SESSION IS CANCELLED

ROOKIE SPORTS T-BALL

PARTICIPANTS INFORMATION

First Name	Last Name	Date of Birth	Age	Gender
T-Shirt Size <input type="checkbox"/> Extra Small (2-4) <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> Other ____				

CONTACT INFORMATION

Address	Apt	City	State	Zip
Mothers Name/Guardian		Fathers Name/Guardian		
Mother/Guardian Cell	Father/Guardian Cell	Email	Ethnicity <input type="checkbox"/> Latino/a <input type="checkbox"/> White/Euro-American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Other	

Santa Maria Valley YMCA Release/ Waiver of Liability

I, the undersigned parent/person having legal custody of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities for this program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the program. I will not hold the YMCA liable for any injuries incurred during the program whether caused by equipment or the acts or omissions of others including YMCA personnel. I further agree and specifically intend to waive as to the YMCA and staff, officers and directors thereof any claim known or unknown to me. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to the minor to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by any physician and/or surgeon whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs for medical care. If I participate in the program, whether as a coach, instructor, aide, spectator, or participant, I presently waive as to the YMCA and staff, officers, and directors thereof, any claim presently known or unknown damage to property or personal injury whether caused by equipment or the acts or omissions of others including YMCA personnel. I give permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs including YMCA personnel.

Parent/Legal Guardian Signature	Date	OFFICE USE ONLY: Receipt # _____ Staff Initials _____
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