



Altavista Area YMCA
2023 DIXIE SOFTBALL
Jan. 16th through Feb.26th 2023
www.altavistaymca.com

Age as of Jan.1st, 2023 _____(For ages 7 through 14)

I am interested in volunteering as a:	Coach	Assistant Coach	Team Mom
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Players Name _____ Birth Date _____ Boy or Girl _____

T-Shirt size (circle one)

Youth Small (6/8) Youth Medium (10/12) Youth Large (14/16) Adult Small Adult Medium Adult Large Adult X-Large

Physical Address (No PO Boxes) _____ City _____ Zip _____

Mailing Address (If Different) _____ City _____ Zip _____

The YMCA conducts regular sex offender screening on all members, participants, and guest. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Provide the following information so that we may screen necessary data bases.

Parent's/Guardian's Name & Date of Birth: _____

E-mail address(print eligibly) _____

Primary contact Phone # _____



MEDICAL INFORMATION

Please use the space below to list or explain any medical conditions that may affect your child's participation in the Youth Sports program. (For example peanut allergy, bee stings, asthma, ADHD, Prosthetic, etc.) **This information will be made available to your child's coach.**

I authorize the Altavista YMCA staff and/or its representatives in emergency to seek medical treatment for my child in the event. Circle one Yes No

I hereby certify as parent/guardian of the above named child, give my approval to his/her participation in any and all YMCA Youth Sports Activities. I assume all risks and hazards incidental to such participation including transportation to and from activities and do hereby waive, release, absolve, identify and agree to hold harmless the Altavista Area YMCA, the organizers, sponsors, supervisors, participants, and person transporting child to and from activities from any claim arising out of any injury to my child, whether the results of negligence or from any other cause.

I support the YMCA Youth Sports Code of Conduct, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership. A copy of the Code of Conduct maybe obtained from the Sports Director.

By signing this form, I agree to uphold the standards of the YMCA Code of Conduct. I also agree that my spouse, and any additional family members that may attend one of the scheduled events are to abide by the same guidelines, and it is my responsibility to make them aware of the Code of Conduct.

The YMCA will make every attempt to reschedule games missed due to inclement weather. I understand that the YMCA will not issue refunds for games missed due to inclement weather.

I give authorization for the Altavista Area YMCA to photograph myself, my child, or other family members, while participating in YMCA programs.

Signature of Parent/Guardian _____
Date

YMCA Member or Town of Altavista Resident \$55 Non-Members or Out-of-Town: \$65	
Amount Paid \$ _____	Check # _____
Cash _____	Credit Card _____
Scholarship _____	
Received By: _____	(Staff Initials) Date Paid: _____