



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Lebanon Valley Family YMCA

Youth Sports Programs Registration

Player information (please print):

Name _____ Age _____ Date Birth _____

School _____ Grade _____

Address _____

City _____

Parent/Guardian Name _____

Home () _____ - _____ Cell () _____ - _____ Other () _____ - _____

Please circle the program your child will be playing in

Clinics: Tuesday (5:15-6:00 pm) Saturday (9:00-9:45 am)

Leagues: Soccer Basketball T-ball other _____

League Friend Request Name: _____

League Practice Availability: (Circle 2 or more) M T W Th F

Shirt Size: (Circle) YS YM YL AS AM AL AXL

Parental Volunteers Needed: Coach Assist. Coach Referee

Name _____ Contact number () _____ - _____

Registering Staff, Date, & Session

TURN OVER 



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Youth Sports Programs Waiver

**THE YMCA DOES NOT PROVIDE ACCIDENT or
MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS.**

PERMISSION MUST BE SIGNED

I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity at the YMCA or in its programs. I have read and understand the above information. My child has permission to participate in this YMCA Youth sports program with conditions set forth. I also give Lebanon YMCA permission to take pictures of my child which may be published in YMCA materials.

Parent/Guardian's signature _____

Date _____