



# LEE COUNTY YMCA

## 2010 Youth Sports Registration Form

Lee County YMCA, Paul Bush Branch (239) 275-9622  
1360 Royal Palm Square Blvd. Ft Myers, FL 33919  
[www.leecountyymca.org](http://www.leecountyymca.org)



### 2010 Leagues

#### Spring (March 26 – June 5<sup>th</sup>)

**Register Feb. 1<sup>st</sup> – March 6<sup>th</sup>**

- Youth Soccer (Ages 3-14)
- Youth T-Ball (Ages 3-7)
- Youth Cheerleading (Ages 6-12)
- Jr. Basketball (Ages 4-9)

#### Summer (June 14<sup>th</sup> – Aug. 21<sup>st</sup>)

**Register May 3<sup>rd</sup> – June 5<sup>th</sup>**

- Youth Basketball (3-14)
- Youth Cheerleading (Ages 6-12)

#### Fall (Sept. 20<sup>th</sup> – Nov. 20<sup>th</sup>)

**Register Aug. 2<sup>nd</sup> – Sept. 4<sup>th</sup>**

- Youth Soccer (Ages 3-14)
- Youth Flag Football (Ages 3-14)
- Youth Cheerleading (Ages 6-12)
- Jr. Basketball (Ages 4-9)

Registrations will be taken at the YMCA or online at [www.leecountyymca.org](http://www.leecountyymca.org).  
Contact the YMCA at 275-9622 for registration dates and deadlines.

### Fees (per league/season)

**3 YEAR OLD PROGRAMS:** YMCA Family Members: FREE, YMCA Youth Members: \$27, YMCA Non-Members: \$52

**AGES 4-14:** YMCA Family Members: FREE, YMCA Youth Members: \$47, YMCA Non-Members: \$82

**\*Lee County YMCA Memberships must remain in good standing for length of season to receive discount.**

**\*Financial assistance is available to those who qualify. Contact the YMCA Service desk for application and deadlines.**

**VOLUNTEERS** are the lifeblood of our programs! If you are interested in becoming a volunteer, please mark below on the application or contact Lisa Weaver, Youth Program Director at 239.275.9622 or [lisaw@leecountyymca.org](mailto:lisaw@leecountyymca.org).

### LEE COUNTY YMCA – 2010 Youth Sports Registration

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_ (as of 3/1/10) Male \_\_\_\_\_ Female \_\_\_\_\_  
 Parent Name \_\_\_\_\_ D.O.B \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
**Ethnicity (Check one):** African American \_\_\_ Alaskan Native \_\_\_ Asian/Pacific Islander \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_  
 Native American \_\_\_ Other \_\_\_ Unspecified \_\_\_

**Season (circle one):** Spring Summer Fall **Sport:** \_\_\_\_\_

**Shirt Size (SHIRTS RUN SMALL):** YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

**How did you hear about this league?** \_\_\_ I've played before \_\_\_ YMCA \_\_\_ School Flyer \_\_\_ Friend/Family \_\_\_ Other

#### **League Request:** \_\_\_\_\_

\*While we try our best, please note that not all requests can be accommodated. Requests will be filled on a first come, first serve basis.

Parent/Guardian will volunteer to: Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Team Sponsor \_\_\_\_\_  
 Volunteer's Name \_\_\_\_\_ Volunteer Shirt Size \_\_\_\_\_

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore in exchange for the YMCA allowing my child or other family members to participate in YMCA activities, I understand, and expressly acknowledge, that when I, my child or other families attend the YMCA's facilities or programs, or when using any equipment located on or off the YMCA's premises, we do so at own risk.

I release the YMCA and its staff members, its Directors, officers and agents from all liability for injury, loss or damage connected in any way whatsoever to participation in YMCA activities, whether on or off the YMCA's premises. I understand that this Release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, officers, agents, representatives and guests. I have read the form and grant permission for my child to participate in all activities provided by the YMCA. I authorize the staff of the YMCA, or appropriate medical personnel to administer emergency medical treatment to me, my child or other family members. I also understand that I am solely responsible for all costs incurred as a result of such treatment. I have read and voluntarily signed this Authorization and Release.

I understand, per the YMCA Program Refund Policy, that no refunds will be given after the session begins.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Amount Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_ **MC/Visa** \_\_\_\_\_ **Sports Letter Given** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_ **Date Entered MST** \_\_\_\_\_