



LEE COUNTY YMCA

2010 Fall 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



League Information:

Register August 2nd – August 29th

Coach's Training: August 31st at 6pm at YMCA

Parent's Meetings: Sept 7 – 10

Practices Begin: Week of Sept 13

Games Begin: Sept 24/25 – November 13

Youth Soccer / Flag Football: Ages 3*-14 (*3 year old program is Saturdays only)

Youth Cheerleading: Ages 6-12

Jr. Basketball: Ages 4-9

Registrations will be taken at the YMCA or online at www.leecountyymca.org. Contact the YMCA at 275-9622 for registration dates, deadlines, and league details.

Fees (per league/season)

3 YEAR OLD PROGRAMS: YMCA Family Members: FREE YMCA Youth Members: \$27 YMCA Program Members: \$40

AGES 4-14: YMCA Family Members: FREE YMCA Youth Members: \$47 YMCA Program Members: \$70

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

*Financial assistance is available to those who qualify. Completed applications must be submitted by August 20th to be considered for fall season.

*Registrations received after deadline will incur a \$10 late fee.

*As of June 1, 2010, the Lee County YMCA requires a program membership to register for YMCA programs/classes. (The annual fee for a youth program membership is \$10, expiring 12/31). For more details, contact the Front Desk or Mary Scott, Membership Director.

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 & Adult Program Director at 239.275.9622 or lisaw@leecountyymca.org.

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Name _____ D.O.B _____ Age _____ (as of 9/1/10) 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 ___

Sport (Please circle one): Soccer (3-14) Flag Football (3-14) Jr. Basketball (4-9) Cheerleading (6-12)

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 ___ Y E-Mail ___ School Flyer ___ Y Website ___ 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 and are limited per team.

I will volunteer to: Coach _____ Asst. Coach _____ Team Parent _____ Team Sponsor _____

Volunteer's Name _____ Volunteer Shirt Size _____

****Reminder:** *Coach's Training is on August 31st at 6pm at YMCA*

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 _____

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