



YMCA of DeKalb County, Inc.

Please Check the Program that you are enrolling for

AUSL Soccer Registration Form

Today's Date: _____

Child and Family Information:

Child's name: _____ Age: _____ Grade : _____ (as of Aug 1st)

Name child is called: _____ Birth date: _____ M / F

Child's address: _____

Child's phone: _____ Shirt Size: YS YM YL AS AM AL AXL AXXL AXXXL

Medical restrictions or conditions: _____

Allergies: _____

Other comments about your child: _____

• Friend Request: _____

Mother's Name: _____ **Father's Name:** _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

I would be interested in volunteering my time with the AUSL Soccer program: ___No ___ Yes, Contact Name: _____

Emergency Phone Numbers:

(Name) (Phone and/or cell #) (Relationship to child)

(Name) (Phone and/or cell #) (Relationship to child)

Participant Waiver

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of DeKalb County for any non-profit purpose, including, but not limited to observation or use of facilities of equipment, or participation in any off-site program affiliated with or personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA of DeKalb County for observation or use of any facilities or equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA of DeKalb County FOR ANY NON-PROFIT PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, PARTIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA of DeKalb County, OR USE OF FACILITIES AND EQUIPMENT MANAGED BY THE YMCA of DeKalb County, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS AND RELEASE the YMCA of DeKalb County, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, cost and expenses, may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned using and facilities or equipment of the YMCA of DeKalb County or managed by the YMCA of DeKalb County THE UNDERSIGNED further agrees that the foregoing INDEMNITY AGREEMENT and GUEST RELEASE is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE IMDEMNITY AGREEMENT and GUEST RELEASE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name _____ Date _____

Parent/Guardian Signature _____ **Relationship** _____ **Date** _____

Release and Pick Up Information

Please list the names and phone numbers of the persons who may pick up your child.

Name: _____ Phone: _____ Cell _____

Name: _____ Phone: _____ Cell _____

Registration Fee Paid (Date) _____ Member / Program / Participant REVISED 3/2/10 JMR