

2019 YOUTH FALL SPORTS REGISTRATION

Program Name: Soccer (Rookies-3-5yr) _____ Soccer (Veterans-6-8yr) _____
Field Hockey (Rookies-3-5yr) _____ Field Hockey (Veterans-6-8yr) _____
Flag Football (4-8yr) _____

Child's Name: _____ (one document per child)

Parent's Name: _____

Address: _____ Home Phone: _____
Street
City State Zip Code Cell Phone: _____

Emergency Contact Name: _____ Tel. #: _____

Date of Birth: _____ Email Address: _____

Are you or your child a current member: Yes ___ No ___

Are there any special needs or medical conditions your child has that we should be aware of?
Yes ___ No ___

If yes, please list: _____

This waiver grants permission for the PRYMCA to take and use photographs or video of the person named on the application for marketing and publicity purposes, specifically for the PRYMCA. I do not wish to have my child's picture taken or used: _____

Cancellations: Any cancellations for youth sports after the start of the program are non-refundable. A late fee of 5% will be assessed on all charges which are 30 days past due.

Parent signature _____ Date _____

PRYMCA Representative _____

****Full Payment is due at the time of registration**** Member: \$30 Non-member: \$45

Are you interested in volunteering to help coach? Yes ___ No ___

THANK YOU and we look forward to a great season!

Piscataquis Regional YMCA
48 Park St., Dover Foxcroft
(207) 564-7111