



2018 YMCA Program Registration Form

Participant Name _____ Age _____ Grade _____ Male/Female

Address _____ City _____ Zip _____

Home Phone _____ Mobile _____ Other _____

Parent/Guardian Names _____ Email _____

Tee Shirt Sizes: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Adult S Adult M Adult L Adult XL Adult 2XL
(Please Circle)

Volunteer Coaches Needed

Are you interested in: *(Please Circle)* Head Coach Assistant Coach Officiating Sponsoring a Team

Coach/Official/Sponsor Name _____ Phone _____

Head Coach Shirt Size: _____ Email _____

**Program Registration Days are located at the
MRC/Littick Hall, 1425 Newark Rd, Zanesville, 43701/ From 9:00 AM- 4:00 PM**

<p>Martial Arts/ Tae Kwon Do Prices: <u>Mighty Mite Martial Arts:</u> Monday and/or Wednesday (6:00 PM - 6:30 PM) Ages 4-7: \$35 for session (1 Class per wk) or \$50 for session (2 Classes/per wk) <u>Tae Kwon Do:</u> Monday and/or Wednesday (6:30 PM - 7:30 PM) Ages 8-12: \$50 for session (1 Class per wk) or \$65 for session (2 Classes/per wk)</p>	<p>Program Locations: Muskingum Family YMCA, 1861 Adams Lane, Zaneville, 43701 MRC/Littick Hall, 1425 Newark Rd, Zanesville, 43701 (OUZ Campus) Southtown Gym, 2680 Maysville Ave. Zanesville, 43701 Starlight Elementary, 1330 Newark Rd, Zanesville, 43701</p>
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X	Program/ League/ Clinic	Ages/ Grades	Register On	Program Runs	Location	Cost
	Martial Arts/ Tae Kwon Do	Ages 4- adult	January 6	Jan 8- Feb 24	Starlight Elem	above
	Indoor Soccer League	Ages 3-5	January 13	Jan 15- Mar 3	Southtown Gym	\$50.00
	Martial Arts/ Tae Kwon Do	Ages 4- adult	February 24	Feb 26- Apr 14	Starlight Elem	above
	Indoor Tee Ball League	Ages 3-5	March 10	Mar 12- Apr 28	Southtown Gym	\$50.00
	Martial Arts/ Tae Kwon Do	Ages 4- adult	April 14	Apr 16- Jun 2	Starlight Elem	above
	Outdoor Tee Ball League	Ages 3-5	April 14	Apr 16- Jun 2	YMCA	\$50.00
	Junior High Girls Basketball Clinic	Grades 6-8	April 14	Apr 16- May 19	MRC/Littick Hall	\$60.00
	Outdoor Soccer League	Ages 3-6	April 21	Apr 23- Jun 9	Southtown Gym	\$50.00
	Martial Arts/ Tae Kwon Do	Ages 4- adult	June 2	Jun 4- Jul 21	YMCA	above
	Martial Arts/ Tae Kwon Do	Ages 4- adult	July 21	Jul 23- Sept 8	YMCA	above
	Martial Arts/ Tae Kwon Do	Ages 4- adult	September 8	Sept 10- Oct 27	Starlight Elem	above
	Sports of All Sorts Clinics	Ages 5-7	September 8	Sept 10- Oct 20	Southtown Gym	\$50.00
	Outdoor Soccer League	Ages 3-6	September 8	Sept 10- Oct 27	YMCA	\$50.00
	Flag Football League	Ages 5-8	September 8	Sept 10- Oct 27	YMCA	\$50.00
	Youth Basketball League	Ages 4-8	October 27	Oct 29- Dec 15	Southtown Gym	\$50.00
	Mighty Mite Basketball League	Ages 4-5	October 27	Oct 29- Dec 15	MRC/Littick Hall	\$50.00
	Mini-Dribblers Basketball League	Ages 6-8	October 27	Oct 29- Dec 15	MRC/Littick Hall	\$50.00
	Junior High Girls Basketball Clinic	Grades 6-8	October 27	Oct 29- Dec 1	MRC/Littick Hall	\$60.00
	Martial Arts/ Tae Kwon Do	Ages 4- adult	October 27	Oct 29- Dec 15	MRC/Littick Hall	above

How did you hear about our Program? *(Please check all that apply)*

Flier at school
 facebook Ad
 One Call
 YMCA Website
 Past Participant
 A friend ("word of mouth")
 Other _____

Release of All Claims and Promise not to Sue: I/we the parent/guardian of the above child, release the Muskingum Family YMCA, their employees, agents, officers and servants of any risks and hazards incidental to the above activity and hereby forever release, waive and relinquish the Muskingum Family YMCA, its instructors and supervisors, and all other persons assisting in the conduct of said activities to the participant. I/we understand that because of prohibitive costs, no accidental, health or life insurance covering the participants in this program will be procured and that my/our consent to the participation of the above named participant in this program is made with this understanding.

Parent/Guardian (Print) _____

Signature of Parent/Guardian _____ Date _____

Concussions: I have been given a copy of the *Ohio Department of Health Concussion Information Sheet for Youth Sports Organizations*. I acknowledge that if a concussion is suspected, then the program participant will be required to provide WRITTEN clearance from a health care provider, as defined in the statute, prior to returning to participate in any YMCA activities.

***Please download form off of our website at www.mcmfy.org**

Parent/Guardian (Print) _____

Signature of Parent/Guardian _____ Date _____

Photo Release: I give permission to the Muskingum Family YMCA to use, without limitation or obligation, photographs, videos, sound track recordings and photo reproductions of the participant for purposes of promoting YMCA programs in concert with our YMCA website, facebook, Twitter and other social media outlets.

Parent/Guardian (Print) _____

Signature of Parent/Guardian _____ Date _____

Notes: (Any Info you would like to share with us?)

For Office Use Only:

Date Received _____/_____/_____

Amount Received \$ _____.

Check # _____

CC

Staff