



We build strong kids, strong families, strong communities.

Registration Form

Northwood YMCA Register by Mail or Fax to:

Northwood YMCA—Sports
5201 NW 34th Street, Gainesville, Florida 32605
Phone: 352-374-9622 X13 Fax: 352-372-5247
E-mail: d.mcsherry@ncfymca.org

Name _____ Age _____ Sex _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Grade _____ School _____

Mom's Name _____ Work # _____ Cell # _____

Dad's Name _____ Work # _____ Cell # _____

Parent/Guardian E-mail Address: _____

Emergency Contact _____ Phone # _____

- Count on me as a VOLUNTEER COACH (name please):

- ****Get a 50% discount when you coach your child's team****
- I am interested in SPONSORING a team (\$300)
(business name): _____
- Coach Request (if available) _____
- Friend Request (if available) _____

Optional Information for United Way Only (names not disclosed)

Ethnicity: Asian African American Hispanic
Native American White Other

Waiver: I give my child permission to participate in YMCA programs. I understand that the YMCA does not carry accident insurance and I agree to use my personal insurance if needed. I agree not to hold the YMCA or its staff, Board of Directors or sponsors responsible for injuries or accidents and I authorize the YMCA or its instructors to obtain medical care in the case of injury or accident if a parent or guardian is unavailable to give permission. By the very nature of sports and athletic activities, there is risk of physical injury. The possible injuries include catastrophic injury such as paralysis and even death. The risk of physical injury can be minimized, but never eliminated. The YMCA reserves the right to add, change, limit or cancel classes or teams according to enrollment. Registration is on first come, first serve basis.

Cancellation Policy: I further understand that if the YMCA "cancels" a program a full refund will be given. If I discontinue participation in a program and give prior written notice, a prorated system credit toward another program will be given. All system credits are subject to a 10% administration fee.

Parent/Guardian Signature:

Date: _____

K-8th grade Youth Soccer

____ K -1st Grade (co-ed)
____ K-1st Grade (GIRLS ONLY)
____ 2nd - 3rd Grade (co-ed)
____ 2nd-3rd Grade (GIRLS ONLY)
____ 4th - 5th Grade (co-ed)
____ 6th - 8th Grade (co-ed)

Soccer Practice Location:

Practice Days Request: _____

Practice Time Request: _____

Kangaroo Kickers

Northwood YMCA—Saturday
____ 9:30 am (3 years old)—Northwood YMCA
____ 10:30am(4-5 year olds)—Northwood YMCA

Southwest YMCA—Saturday
____ 9:30am(3 years old)—Southwest YMCA
____ 10:30am(4-5 year olds)—Southwest YMCA

Southwest YMCA—Monday
____ 6:00pm(4-5 year olds)—Southwest YMCA

Date Paid:	Amount Paid:	Cash	Check #	Credit Card #
Please Circle One: DISC MC VISA AMEX			Print Name on Card	Card Holders Signature
				Exp. Date: