



YMCA  
We build strong kids,  
strong families, strong communities.

### Carl E. Sanders Family YMCA Universal Registration Form

#### GENERAL / MEDICAL INFORMATION ABOUT THE CHILD

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Household Name \_\_\_\_\_ Household Phone # \_\_\_\_\_

Household Email \_\_\_\_\_

Household Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School / Nearest School \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Current Medications \_\_\_\_\_ Drug Sensitives/ Allergies \_\_\_\_\_

Any Medical Conditions that we need to be aware of \_\_\_\_\_

#### MEMBERSHIP INFORMATION

All YMCA programs require the purchase of a facility or program membership that must last throughout the program

YMCA Branch \_\_\_\_\_  Program  Facility \_\_\_\_\_ Expiration Date \_\_\_\_\_

If membership is current you may skip to the next section

Current Membership Verified by Staff (name) \_\_\_\_\_ Date \_\_\_\_\_

Need to Purchase membership \_\_\_\_\_  Program  Facility (requires additional paperwork)

Members of Household:

|            |              |              |
|------------|--------------|--------------|
| Name _____ | D.O.B. _____ | Gender _____ |
| Name _____ | D.O.B. _____ | Gender _____ |
| Name _____ | D.O.B. _____ | Gender _____ |
| Name _____ | D.O.B. _____ | Gender _____ |

#### TEAM / CLASS INFORMATION

The YMCA cannot guarantee, but will do our best to accommodate your special request.

Team/Class Name: \_\_\_\_\_ Coach: \_\_\_\_\_

Team Members: \_\_\_\_\_ Uniform Size: **YS YM YL AS AM AL OR AXL**

#### VOLUNTEER / COACHING OPPORTUNITIES

If you are interested in becoming a volunteer, please sign below. Criminal background checks are required for all volunteers.

Lead Coach  Co-coach (would like to assist another coach)

Team/Class Parent (willing to assist coaches with team practices, games, snacks, relay information )

Volunteers Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#### PAYMENT INFORMATION

Payment Method cash check visa mc discover amex please circle one

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Date Registered \_\_\_\_\_ Receipt # \_\_\_\_\_ Spirit ID \_\_\_\_\_

**SIGNATURES ARE REQUIRED - PLEASE SEE THE BACK OF THIS PAGE**

