



BE PART OF THE TEAM

Fall Sports Registration

	Fall Baseball	Flag Football
Grades	PreK-4 th Grade <i>(must be 3 yrs old by season start date)</i>	PreK-4 th Grade <i>(must be 4 yrs old by season start date)</i>
Season	August 13- September 28, 2018	September 8- October 20, 2018
Team Registration	July 9-13, July 2018	July 9-13, July 2018
Y-Member Registration \$30	REGISTER ONLINE or IN OFFICE: July 16-27, 2018	REGISTER ONLINE or IN OFFICE: July 16-August 3, 2018
Community Registration \$45	REGISTER ONLINE or IN OFFICE: July 13-July 27, 2018	REGISTER ONLINE or IN OFFICE: July 23-August 3, 2018

Baseball League

Our developmental T-Ball and Baseball Leagues are designed to teach the fundamentals of baseball and promote sportsmanship in a game setting.

- Tiny T-Ball: PreK *(must be 3 by the start of the season)*
 - Teams will have a 20-minute practice followed immediately by a 40-minute game.
 - There are no additional practices during the week.
- T-Ball: Kindergarten
 - Teams may have an optional weekly practice.
 - Practice location/day/time will be determined by the volunteer coach
 - Will Play at least one game per week.
- Coach Pitch Baseball: 1st-4th Grade *(1st and 2nd grade league is a combination of T-ball and Coach Pitch)*
 - Teams will practice once per week.
 - Practice location/day/time will be determined by the volunteer coach
 - Will play at least one game per week.

Flag Football League

Join YMCA flag football and learn basic footwork, ball handling techniques and fundamental football skills without the risk of heavy contact.

- Pee Wee Flag Football: PreK and Kindergarten *(must be 4 by the start of the season)*
 - Teams will have a 20-minute practice followed by a 40-minute game
 - Teams may have an optional weekly practice.
 - Practice location/day/time will be determined by the volunteer coach
- Flag Football: 1st-4th Grade
 - Teams will practice once per week.
 - Practice location/day/time will be determined by the volunteer coach
 - Games held on Saturdays.

Youth Sports Registration Form

Members \$30 | Community \$45

CHILD 1

First Name	Last Name	Date of Birth	Grade (2018-2019 school year)	Gender
T-Shirt Size <input type="checkbox"/> Extra Small (2-4) <i>Flag football only</i> <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> Other _____				
BASEBALL TEAM PREFERENCES: Your team preferences will help us determine which team your child will be placed on. You may request a specific coach, a buddy or your preferred practice location. If you choose more than one preference, your team location will supersede all other preferences. Your buddy must also request to play with your child and both must choose the same location/day/division.				
Game Day Preference: Please select the day you prefer your games. Practices are scheduled at the discretion of the coach				
T-Ball: <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday Coach Pitch: <input type="checkbox"/> Wednesday				
<input type="checkbox"/> Coach Request _____ Last name, First name <input type="checkbox"/> Buddy Request _____ Last name, First name				
Team location is based on team practice location NOT game location: <input type="checkbox"/> Kennewick <input type="checkbox"/> Richland <input type="checkbox"/> Pasco <input type="checkbox"/> Other _____				
FLAG FOOTBALL TEAM PREFERENCES: Your team preferences will help us determine which team your child will be placed on. You may request a specific coach, a buddy or your preferred practice location. If you choose more than one preference, your team location will supersede all other preferences. Your buddy must also request to play with your child and both must choose the same location/day/division.				
Game Day Preference: Please select the day you prefer your games. Practices are scheduled at the discretion of the coach				
T-Ball: <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday Coach Pitch: <input type="checkbox"/> Wednesday				
<input type="checkbox"/> Coach Request _____ Last name, First name <input type="checkbox"/> Buddy Request _____ Last name, First name				
Team location is based on team practice location NOT game location: <input type="checkbox"/> Kennewick <input type="checkbox"/> Richland <input type="checkbox"/> Pasco <input type="checkbox"/> Other _____				

CHILD 2

First Name	Last Names	Date of Birth	Grade (2018-2019 school year)	Gender
T-Shirt Size <input type="checkbox"/> Extra Small (2-4) <i>Flag football only</i> <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> Other _____				
BASEBALL TEAM PREFERENCES: Your team preferences will help us determine which team your child will be placed on. You may request a specific coach, a buddy or your preferred practice location. If you choose more than one preference, your team location will supersede all other preferences. Your buddy must also request to play with your child and both must choose the same location/day/division.				
Game Day Preference: Please select the day you prefer your games. Practices are scheduled at the discretion of the coach				
T-Ball: <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday Coach Pitch: <input type="checkbox"/> Wednesday				
<input type="checkbox"/> Coach Request _____ Last name, First name <input type="checkbox"/> Buddy Request _____ Last name, First name				
Team location is based on team practice location NOT game location: <input type="checkbox"/> Kennewick <input type="checkbox"/> Richland <input type="checkbox"/> Pasco <input type="checkbox"/> Other _____				
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Game Day Preference: Please select the day you prefer your games. Practices are scheduled at the discretion of the coach				
T-Ball: <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday Coach Pitch: <input type="checkbox"/> Wednesday				
<input type="checkbox"/> Coach Request _____ Last name, First name <input type="checkbox"/> Buddy Request _____ Last name, First name				
Team location is based on team practice location NOT game location: <input type="checkbox"/> Kennewick <input type="checkbox"/> Richland <input type="checkbox"/> Pasco <input type="checkbox"/> Other _____				

CONTACT INFORMATION

Address	Apt	City	State	Zip
Parent 1 Name		Parent 2 Name		
Primary Phone	Cell Phone	Cell Phone Provider		
Work Phone	Emergency Phone	Emergency Name		
Email (Emails used for coaches to communicate with their team.)				

Sign me up for the Y-Buzz monthly email newsletter I am already receiving the Y-Buzz No Thank you

I WANT TO HELP KIDS PARTICIPATE

Please accept my tax deductible donation to the YMCA Scholarship Fund to ensure all kids in our community can participate, regardless of financial circumstances.

\$5 \$10 \$25

WAIVER & REFUND POLICY

Participation/Liability Release: I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen. Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.

Insurance: It is the responsibility of every individual, their parent/legal guardian, to provide for their own accident and health coverage while participating in YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.

Medical Treatment: If a parent/guardian cannot reasonably be located when my child requires medical attention, I hereby authorize the YMCA to transport my child and consent to any medical and/or surgical treatment of the above named participant that such staff or medical personnel deem advisable or necessary. I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary.

Permission: I give the YMCA permission to use, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting YMCA programs without limitation, compensation or obligation.

Refund Policy: There will be a \$5 processing fee on all youth sports registration fee refunds if canceling prior to the start of the season. Once a season begins there will be a \$10 processing fee to on all youth sports registration fee refunds. Refunds are only given to the registration fee and not the membership fee. Credit vouchers may be applied to a child's account at 100% and used toward any YMCA program.

I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form.

Parent/Legal Guardian Signature	Date
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Office Use Only	Game Day:	Division:	Location:
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