



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### OLD COLONY Y LEAGUE REGISTRATION\*

Circle One:      NFL Flag Football      Youth Basketball      Youth Soccer \*\*      Season/Session: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Coach: \_\_\_\_\_

Participants D.O.B: (Must be 18+ years) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: (Required—ALL communication is via email) \_\_\_\_\_

Interested in volunteering? Yes \_\_\_\_ If so, name of parent/guardian: \_\_\_\_\_

**Uniform: Directions for ordering your team jersey will be sent via email with your league registration confirmation.**

**Please ensure we have the correct email on file for you.**

\*We take data security very seriously! All steps are taken to keep your information confidential. Your information may be shared with an Old Colony YMCA partner ONLY when required. This information is uploaded to a secure location and is used to better your experience.

\*\*Youth Soccer registration will automatically register you with MA Youth Soccer. If you do not want your information shared for the purposes of this additional benefit, check here:

#### STAFF USE ONLY!

Season ID: \_\_\_\_\_ SIDCODE: \_\_\_\_\_ Player Level Code (Recreational Player—R; Travel Player—T; Premier Player—P): \_\_\_\_\_

**VOLUNTARY RELEASE FORM** | I do hereby consent for myself, and/or minor child for whom I am the parent or legal guardian, to participation in voluntary athletic or recreation programs of the Old Colony YMCA I also agree to forever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Old Colony YMCA ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to me and/or my child, or property damage resulting from me and/or my child's participation in the Old Colony YMCA voluntary athletic or recreation programs. I also promise to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to me and/or my child or property damage resulting from my and/or my child's participation in the Old Colony YMCA voluntary camping, athletic, or recreation programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my and/or my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate and/or allow my child to participate in the Old Colony YMCA's camping, athletic, or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in said Old Colony YMCA programs.

**WAIVER OF LIABILITY** | Old Colony YMCA does not provide insurance for participants or attendees in its programs. I, the applicant, agree that the YMCA and all individuals participating in the YMCA camping, athletic, or recreation programs, in any capacity, will not be held liable for any causes or actions, claims and injuries arising out of participation in the YMCA camping, athletic, or recreation programs. I hereby release all said individuals from injuries and agree that all players participate at their own risk. I, as parent or legal guardian of the applicant, hereby consent to the participation of the applicant in camping, athletic, or recreation programs under the above-mentioned conditions.

**PHOTO WAIVER** | It is understood and agreed that Old Colony Y reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including but not limited to reports, publications, brochures, emails, our website and other instances of online presence in perpetuity. **ALLOW**  **DISALLOW**

**REFUND POLICY** | Program fees will be refunded only if the YMCA cancels a program. A 50% credit may be issued only for medical reasons upon presentation of a doctor's certification and if requested prior to the start of the 2nd class. No credit will be issued after the start of the 2nd week. Program participants must complete a refund form and submit it with the registration receipts.

Participants Name: \_\_\_\_\_ Signature: (Must be 18+) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_