



T-BALL AND COACH PITCH BASEBALL REGISTRATION

Revised 2/21/23

Florence Family YMCA
1700 S. Rutherford Drive Florence, SC 29505
843-665-1234 www.florenceymca.org
Parent Permission/Waiver for Participation in Youth Sports

Staff _____

PLAYER INFO: 1. Age Group (child's age as of 4/1/23): (3-4 Mon/Thurs) (3-4 Tues/Fri) (5-6 Tues/Fri) (7-9 Mon/Thurs)

2. Print First Name: _____ 3. Print Last Name: _____

4. Y Member or Nonmember 5. Male or Female 6. Age: _____ 7. Birthdate: ____/____/____

8. Allergies and medical conditions: _____

9. How many years has your child played baseball? _____ 10. Has your child played baseball here before? YES NO

11. Child's Shirt Size (size not guaranteed if registered after 3/26/23): _____ YES YM YL AS AM AL AXL

12. List times your child can't practice. Other requests won't be accepted: _____

13a. If you have other children playing baseball here, what are their names and age group? _____

13b. If possible, would you prefer them to practice: (Same Time) or (Different Time)

PARENT INFO: 1. Mailing Address: _____

2. City: _____ 3. State: _____ 4. Zip: _____

5. Father: _____ Home: _____ Work: _____ Cell: _____

6. Mother: _____ Home: _____ Work: _____ Cell: _____

7a. Email Address: (please print clearly) _____

7b. Would you like to receive email reminders about Y sports? YES NO

8. Do you want to receive texts from your coach? YES NO

9. Do you want to receive texts from the Y through Remind about baseball? YES NO (Father or Mother or Both)

10. Emergency Contact Other Than Parent: _____ Phone#: _____

I hereby consent to my child's participation in the Florence Family YMCA Youth Sports Program and agree to assume the risks involved. I understand that the YMCA does not provide medical insurance relative to accidents or injuries sustained as a result of program related activities. I also authorize any member of the YMCA staff or my child's coach to act on my behalf during all sports activities. I also understand that the YMCA may only give full refunds prior to the first practice and are subject to a processing fee. I also agree to have read and uphold the YMCA Youth Sports Code of Conduct. Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures and promotional materials with no compensation to me or my child.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

VOLUNTEER INFO: If you are willing to participate as a volunteer in support of this program, circle below. The head coach & one assistant coach of every team will each receive a coach's shirt. All practices are held only at the Y & last 1 hour. Teams get two practices a week until games start. Once games start, teams do no practice. Game times may be different from practice times. Coaches must read and accept the information in the coach's handbooks and pass a background check.

1. Volunteer Position: Coach or Assistant Coach

2. Coach's Shirt Size: AS AM AL AXL AXXL AXXXL

3. Requested Practice Time: (5:30-6:30 pm) or (6:45-7:45 pm)

SPONSORSHIP INFO: If you are interested in sponsoring, circle an option below. Sponsors are needed to help defray some costs of our youth sport programs. You will receive a plaque recognizing your generous donation and the satisfaction of knowing that your business helped children in your community.

Option #1: A one team sponsorship costs \$200. Your business' name will go on back of shirt above the number.

Option #2: A two or more team sponsorship costs \$150 per team. Your business' name will go on back of shirt above the number.

Business/Sponsor Name

Excel:____ Age:____ (New or Returning AGP) Coach:____ Sibling:____ Roster:____ Eval:____ Refund:____