



YOUTH SPORTS REGISTRATION FORM

YMCA OF SAN ANGELO

*SECTION 1: ATHLETE INFORMATION

Full Name: _____ DOB: _____

Gender: Male | Female School: _____ Grade: _____

Home Address: _____ City/ZIP: _____

Uniform Size (Circle one) Youth: XS / S / M / L / XL Adult: S / M / L / XL / XXL

Not all programs receive uniforms or program t-shirts.

Parent/Guardian Name: _____

Cell #: _____ Cell Phone Carrier(text alerts): _____

Email Address: _____

Please provide information for someone other than the parent listed above)

Emergency Contact Name & #: _____

Additional Info or Pertinent Info about Participant:

*SECTION 2: PROGRAM INFORMATION

*Which sport are you registering for? (Check all that apply)

Tennis Monthly Academy | Tennis Summer Weekly Academy

Tennis Monthly Academy:

Hot Shots | Stars | Aces | Masters

What session are you registering for (if applicable) _____

Volleyball League | Volleyball Clinic | Little Bumpers

League Type (if applicable): Recreational | Club (Comp)

Age Division (if applicable):

Bumpers (3rd) | Setters (4th/5th) | Servers (6th) | Spikers (7th/8th)

What session are you registering for (if applicable) _____

Tackle Football | OTA CLINIC | 5 on 5

Division (if applicable):

Jr. Pee-Wee (3rd /4th) | Light Weight (5th) | Heavy Weight (6th)

Athlete's Weight: _____ (weights will be observed for player placement)

I would like to rent: Helmet | Shoulder Pads

What session are you registering for (if applicable) _____

Basketball League | Basketball Clinic | Little Dribblers

League Type (if applicable): Recreational | Club (Competitive)

Age Division (if applicable): Recreational (Divisions broken down by grade)

Club K/1st | Club 2nd/3rd | Club 4th/5th | Club 6th/7th/8th

What session are you registering for (if applicable) _____

Y World of Sports:

Volleyball | Basketball

Middle School Age (6th-8th grade) | Elementary School Age (3rd-5th grade)

What session are you registering for (if applicable) _____

Elite Training Camp:

Junior Elite (3rd - 5th) | Elite Division (6th - 12th)

What session are you registering for (if applicable) _____

***SECTION 3: PREVIOUS TEAM/LEAGUE EXPERIENCE**

*Players that have played at the Y before, please fill out this section.

Is this athlete a: New Player | Returning Player

If returning, name of previous team/coach: _____

Do you wish to return to the same team? Yes | No

Is there any other information you would like us to know?

By signing, I, the undersigned parent or guardian of the participant named above, acknowledge that I have read and agree to the liability waiver, photo consent and refund policy provided in person, on the website or via QR code and consent to my child's participation.



***SECTION 4: LIABILITY WAIVER & PARENT/GUARDIAN CONSENT**

Parent/Guardian Signature: _____

Date: _____

Print Parent/Guardian Name: _____