



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: _____