

2010 YCAYS MEMBERSHIP FORM

APPLICATION DATE _____

RETURNING MEMBER? Yes No

MEMBER NAME (LAST) _____ (FIRST) _____

HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTY: _____ PHONE: _____

DATE OF BIRTH: _____ AGE (*As of 1/1/10*): _____ HEIGHT: _____

SCHOOL: _____ GRADE (*2009-2010*): _____

PARENT / GUARDIAN (S) INFORMATION

MOTHER'S NAME: _____

FATHER'S NAME: _____

EMPLOYER: _____

EMPLOYER: _____

WORK PHONE: _____

WORK PHONE: _____

CELL: _____

CELL: _____

EMAIL: _____

EMAIL: _____

MEMBER'S SIGNATURE: _____

PARENT / GUARDIAN SIGNATURE: _____

New Member Registration Fee: \$200

Returning Member Registration Fee: \$175

Additional Family Member Fee: \$150. (Complete a separate form for each child)

(Non-refundable) DEPOSIT of \$100.00 is due with Application for each child

Membership Fee must be paid in full prior to participating in first tournament.

Payment Options: Cash, Cashier's Check, Money Orders, or **Online via PAYPAL**

No PERSONAL Checks

Check Payable to: Young Christians in Action Youth Sports, Inc (YCAYS)

+++++

Registration is NOT complete until ALL fees are paid and the required items listed below are signed and turned in to YCAYS.

1. YCAYS Membership Form (signed by Parents and members) _____
2. Consent and Release Waivers _____
3. AAU Grade Exception Form (if needed) _____
4. Copy of Birth Certificate _____
5. Color Photo (digital preferred) _____
6. Proof of Current Grade Level (Report card 09/10) _____
7. Proof of Medical Insurance _____

MEDICAL INFORMATION

Player's Information

Player's Name _____ Phone# _____
Address _____ City _____ State _____ Zip _____

Emergency Contacts

Primary Contact _____ Relationship _____ Daytime Ph _____
Backup Contact _____ Relationship _____ Daytime Ph _____

Insurance Policy

Policy Holder's Name _____ Relationship _____
Address _____ Phone# _____
Insurance Company _____ Group# _____ Plan# _____
Insurance Company Address _____ Phone# _____

In case I cannot be reached, any of the following persons are designated to act on my behalf.

* YCAYS Staff: Tony Bannister, Lurise Bannister, Dorothy Rountree

* A Tournament representative where my child is playing.

Physician's information

Physician's Name _____
Address _____ Phone _____

Medical and Immunization History

- Does the player have any of the following? (If yes, please explain): _____

- Drug allergies _____
- Food allergies _____
- Allergies to insect bites _____ Asthma _____
- Frequent headaches, dizziness or seizures _____
- Other health problems or limitation of activities _____

- My child has my permission to take the following over-the-counter medications as needed (All medication must be turned in at check-in to be stored in a secure location) _____
- Current medications the player is taking _____
- Will the player require any specific treatment while participating in our program? If yes, please explain _____

YCAYS Agreement, Waiver & Release

In consideration of _____ ("My Child") being allowed to participate in any way in the Young Christians In Action Youth Sports, Inc. related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. I, _____ being the parent/legal guardian of the above named player, hereby give my approval for her/his participation in any and all Young Christians In Action Youth Sports, Inc. activities, including tryouts. I assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the YCAYS sponsors, organizers, coaches, supervisors, participants and the owners of facilities used by the YCAYS, for any and all claims arising out of injury to the player, except as covered by AAU Insurance And any other sanctioned events.

2. I hereby authorize YCAYS officials, coaches, assistant coaches, team parents, or any other responsible persons to whom I have delegated supervision of the player, to take the player to the nearest hospital or other known medical establishment for emergency treatment in case of injury during practice and/or games, if I am not available. I will assume any and all financial responsibility for such medical care.

3. I hereby authorize YCAYS to take photographs, videos, motion pictures and/or sound recordings of My Child or members of our family. I further grant YCAYS the permission to use the photographs, videos, motion pictures and/or sound recordings in its general publicity and campaign materials.

4. YCAYS has a high standard of behavior for both players and parents. YCAYS expects everyone to keep the highest level of conduct while at any YCAYS activity. My Child's participation in an YCAYS activity is dependent and affected by My Child's attitude, attendance and cooperation at all YCAYS activities. By signing this agreement I understand that I may be requested to leave the facility if I act other than in an appropriate manner. I acknowledge receipt of the **YCAYS PARENT'S CODE OF ETHICS AND EXPECTATIONS** and **ATHLETE'S CONDUCT** Guidelines and agree to abide by those standards.

5. I understand that my Child may be suspended or discharged from the YCAYS program due to improper conduct considered by the President to be disruptive, disrespectful, threatening, and or presenting an immediate danger to the welfare, health, and safety of any youth or staff.

6. I understand that at YCAYS program, physical activity is a regular part of the program. To the best of my knowledge, My Child is in excellent physical health and needs no restrictions from strenuous Physical activity (except _____). If I have any questions regarding My Child's health, I understand that it is my obligation to seek professional medical advice and to inform YCAYS of any restrictions on My Child.

I hereby certify that, as the parent/guardian for My Child, I have legal responsibility for and authority to sign this Agreement, Waiver & Release on behalf of My Child. I further certify that I have read this Agreement, Waiver & Release in full, understand the same and have signed it voluntarily and with out and threat or force.

Parent Name _____

Date _____

Parent/Guardian Signature _____