



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Pittsfield CYC-Berkshire Family YMCA: 2017 CYC Volleyball League Registration Form

Child's Name: _____ Parent/Guardian's Name: _____

Child's School _____ Child's Grade _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

YMCA Youth Member: Y or N Child's DOB: __/__/____ Child's Age: _____

Age Groups: Circle One:
Grades 5 & 6
\$45 Members
\$65 Non-members

Grades 7 & 8
\$45 Members
\$65 Non-Members

Knowledgeable volunteer coaches needed!*

Name: _____

Phone number: _____

E-Mail: _____

Check one: Head Coach Assistant

*CORI checks are required.

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SHIRT SIZE: Choose One: **Youth:** X-Small Small Medium Large X-Large
Adult: Small Medium Large X-Large 2X-Large

AGREEMENT

1. I agree to assume all risks and hazards incidental to the conduct of this program and for all transportation to and from, if necessary. I hereby release The Berkshire Family YMCA, its officials, employees and volunteers, from any and all claims, demands, and liabilities to myself or my child(ren) resulting or arising from my/our participation in any program offered by the Berkshire Family YMCA.
2. Parents are responsible for providing and/or arranging transportation for their child(ren) to/from all practices and games. Transportation is not provided.
3. I also give permission for the Berkshire Family YMCA to release my child(ren)'s photos.
4. I support the CYC/YMCA program philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

Parent/Guardian's signature: _____

Parent/Guardian's printed name: _____ **Date:** _____

FOR OFFICE USE ONLY: Date registered: _____ Registered by: _____ Amount paid: _____