

# Small Fry Sports 2010



Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Guardian's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Parent Authorization & Agreement

1. **Medical Release:** I hereby certify that my child is in normal health and capable of safe participation in the Youth Sports program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that guardians cannot be reached.
2. **I support the YMCA Youth Philosophy**, which is based on participation, fun, physical fitness, health, skill development, teamwork, fair play, family involvement, and volunteer leadership.
3. **Sports Injury Waiver:** By my signature and my own free will, I do hereby agree to indemnify and save harmless the YMCA, from any and all claims or demands, cost expenses arising out of any injuries, damages, or other losses, whether personal property, sustained by me or my party to whom I am responsible.
4. **Refund Policies\*** — \*All Refund Requests must be made in writing at the Frisco YMCA. Submission of the Refund Request Form does not guarantee a refund of any amount. All forms are reviewed on a case-by-case basis and must be approved by the YMCA Sports Director and Executive Director. Written Refund Requests 1-4 days before the program starts are eligible for a 50% refund. Refunds requested after the program has started will not be granted (no refunds are given after the program has started.)

**X** \_\_\_\_\_  
Guardian Signature Date

*Family Members: \$20 per sport; Activity Members: \$40 per sport  
(Prices do NOT reflect Small Fry Ballet & Yoga Combo class)  
(If you do not have a YMCA Family Membership, you must pay the Activity Member rate)*

## Office Use Only

Sport \_\_\_\_\_ Time \_\_\_\_\_

Receipt #: 061-00 \_\_\_\_\_ Employee Name \_\_\_\_\_