



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Berkshire Family YMCA: CYC Fall Volleyball 2019 Registration Form

Child's Name: _____ Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

TEXT ALERTS? YES / NO

EMAIL ALERTS? YES / NO

Age: _____ Child's Grade: _____

Shirt Size (Circle One): YS YM YL YXL AS AM AL AXL

To participate, active YMCA Membership is required for the duration of the program.

YMCA Youth Membership: EFT \$4/month or \$42/year

YMCA Teen Membership: EFT \$10/month or \$100/year

Youth (6 months -12 yrs) | Teen (13 -19 yrs)

League: Choose One:

___ Grades 5 & 6=\$30 Family-Members

___ Grades 5 & 6=\$40 Youth-Members

___ Grades 7 & 8=\$30 Family-Members

___ Grades 7 & 8=\$40 Youth-Members

Volunteers Needed! *

Name: _____

Phone number: _____

E-Mail: _____

Check one: ___ Head Coach ___ Assistant Coach

Financial Assistance is available for our memberships, programs, childcare and more!

League dates: - Meets Tues, Wed, Thur.

First Practice/ Game: Tuesday, September 10th- 5&6 Grade 5:30 pm+7&8 Grade 6:30 pm

Last Practice/ Game: Wednesday, October 30th

Coaches will inform players/parents of practice times throughout the season!

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 YMCA.
2. Parents are responsible for providing and/or arranging transportation for their child 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 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: _____ **Date:** _____

OFFICE USE ONLY: Date registered: _____ Registered by: _____ \$ Paid: _____

BERKSHIRE FAMILY YMCA: www.bfymca.org

Pittsfield (Corporate Office): 292 North Street, Pittsfield, MA 01201 **P:** 413-499-7650 **F:** 413-443-6791

North Adams: 22 Brickyard Court, North Adams, MA 01247 **P:** 413-663-6529 **F:** 413-663-5700