



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Adult Sports Registration Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Team Name/Captain's Name: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Program/Sport: \_\_\_\_\_

Ethnicity: African American Native American Asian/Pacific Islander Caucasian Hispanic Other Prefer Not To Answer

**Assumption/Waiver:** I hereby acknowledge and understand that there is a risk of injury involved in athletic participation. I agree to follow the rules for the sport and the instructions of the captain in order to reduce the risk of injury to myself and other athletes. However, injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my participation in the above-described adult athletics program. In consideration of the YMCA allowing me to participate in adult athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless and indemnify, on behalf of myself, my heirs, personal representatives and next of kin, the Branch, the YMCA of Northwest North Carolina, Inc. and their respective volunteer coaches, officials, agents, employees, directors, members, officers and other staff members from liability to me, as well as my personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that I may suffer from participation in YMCA athletics, activities or the above-described sports activities.

**Certification of Participant's Fitness and Authorization for Emergency Medical Attention:** I hereby certify that to the best of my knowledge, I am physically able to safely participate in the sports activity for which I have been registered. In addition, in the event of a medical emergency during my participation in YMCA athletics, I hereby authorize the Branch to call for an ambulance to transport me to an appropriate medical emergency facility for treatment deemed necessary by such facility and/or the medical attendant. I understand and agree that the cost of any such treatment shall be my sole responsibility.

**Code of Conduct:** We expect everyone using the YMCA to behave in a mature and responsible way and to respect the rights and dignity of others. Our Code of Conduct does not permit language or action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. Suspension or termination of participation in sports activities may result from any violation of the Code of Conduct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

How did you hear about this program?: \_\_\_\_\_

Would you be willing to volunteer as a Youth Sports Coach at the Y?: \_\_\_\_\_