



Ottawa YMCA Sports Medical Release

Sport _____ Ages/Grades _____

Complete entire form. MUST BE TURNED IN AT TIME OF PAYMENT

Child's Name: _____ Age: _____ D.O.B: _____

Date: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Does phone accept texts? YES NO

Sex: M F Member: _____ Non-Member: _____

Shirt Size: Youth Sizes 6-8 (S) 10-12 (M) 14-16 (L)

Adult sizes also available.

Carpooling and team requests cannot be honored except for siblings.

List any Siblings playing and their grade: _____

Days Child Cannot Play _____

Is child presently taking any medications? ___ If yes, please list their names and purpose _____

Are there any special considerations or limitations that would relate to our program?

The YMCA's Youth Sports Program relies on community participation in order to operate. Parents and other family members are always needed to help. Are you willing to be involved as a:

Coach Co-coach/Assistant If Yes, when are you available? _____

I hereby grant permission for the registered participant to partake in the Ottawa YMCA Sports Program or Activity pertaining. In consideration of the registered participant; myself, executors, administrators, assignors, volunteers, Board Of Directors, and all other employees of the Ottawa YMCA are released & discharged from all claims, damages, demands, and/or actions from any manner arising associated with the participation of the preceding registrant in the event or events referred. Each of the participants and his/her parent or guardian further states that the participant is in good physical condition, is physically fit to participate in the program & is not subject to any medical condition that poses or may pose any risk of harm or disability to others.

We/I (the parents of) _____ give permission for the emergency medical treatment of our child for illness or accident if we cannot be first contacted.

Parent/Guardian Signature _____ Date: _____

Phone _____ Emergency Phone _____ Email _____