



We build strong kids, strong families, strong communities.

Milan Family YMCA
Nancy Hanks, CEO
5207 Industrial Drive
Milan, Tennessee 38358
731-686-9000
Fax: 731-686-2988

Program Registration Form

Program registering for: **Spring Soccer**

Participant Information

Last Name _____ First Name _____ MI _____

Address _____ City _____ Zip _____

Phone no. _____ Work Phone _____ Cell Phone _____

Age _____ Date of Birth _____ Age Group: 8-11 12-15 16-18 19-49 50+

Medical Considerations

Emergency Contact Name _____ Emergency Phone No. _____

Emergency Release

I, the undersigned, accept all risk incidental to YMCA activities and do hereby release the YMCA of Milan, Tennessee, its officers and its representatives, from all liabilities deriving from pursuit of said activities by myself and/or members of my family.

It is further understood that the YMCA does not provide any type of health and/or accident insurance protection and that I assume this responsibility for my family members and myself.

I understand that the YMCA assumes no responsibility for the loss of the participant's personal property. It is further understood that there are NO REFUNDS on program fees.

I grant the Milan Family YMCA, staff or authorized representatives the right to seek medical attention for me or members of my family should it become necessary, and I will assume all expenses related to such treatment.

I certify that I have read and accept the entire above enrollment in the Milan Family YMCA and its programs.

Signature of Participant (or Parent if under 18) _____

Date _____

Staff Use Only

Staff Initials _____ Amount Paid _____ Check no. _____ Cash _____ Date _____

In computer? Yes No Circle one: Member or Non-member

Score _____ Place _____