



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Track and Field 2019

Sign your child up for a fun and interactive experience through sport. Our focus at the Y is to help develop our youth. We will promote good sportsmanship, inclusion, and positive reinforcement. This program will allow us to reach your child and encourage a healthy active lifestyle while helping develop their self esteem, social skills, and athletic skills.

**Who:** 1st grade through 6th grade

**When:** Mondays and Thursdays 6:00pm at the Shelby high school track

**Registration:** February 4th, 2019 - March 18th, 2019

**Members:** \$40    **Non-Members:** \$55

(\$25 fee to register after the deadline)

**Parent Meeting:** Monday, April 1st at 6:00 PM at the Shelby High school track

**Program Duration:** April 1st - May 16th

Contact Travis Yoakum at 419-347-1312 Ext. 225 for any questions or comments

111 W. Smiley Ave. Shelby, OH 44875    -    [www.shelbyymca.org](http://www.shelbyymca.org)    -    419-347-1312



## Track 2019 - Acct #1326

### Player Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size (circle): Youth: S M L XL Adult: S M L XL

### Parent / Legal Guardian Information (Emergency Contact):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Waiver and Release Form Liability:** I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly as a result, and or participation in the SHELBY Y and its activities, the various branches and subdivision thereof, and all employees and volunteers in their capacities as representatives of the SHELBY Y expressly including, but not limited to, the Board of Directors of the SHELBY Y, except from injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same and that it is my intention by my heirs, administrators, executors, successors and assigns. **Property Loss:** I understand that the SHELBY Y is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the SHELBY Y facilities or on SHELBY Y program premises. **Photography Permission:** I give my permission for the SHELBY Y to use, without limitation or obligation, photographs, film footage or tape recordings which may include image or voice for purposes of promoting or interpreting SHELBY Y programs. **Insurance:** I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all SHELBY Y activities. The SHELBY Y does not provide any accident or health insurance for its participants. **Medical Release:** I authorize the SHELBY Y as my agent to give and consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the SHELBY Y to give first aid, CPR or other treatment by a qualified staff member. **Acceptance:** This waiver and release is given for me and on behalf of all the minor members of my family or in my care, if any. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

Signature of Parent or Guardian if less than 18 years of age

Date

### For Office Use Only:

Date Received: \_\_\_\_\_ Payment: Check # \_\_\_\_\_ Cash Credit Amount \$ \_\_\_\_\_

Received by: \_\_\_\_\_ Receipt # \_\_\_\_\_ Circle One: Member Non-Member