YOUTH SPORTS
FALL SEASON

BOWLING FAMILY YMCA

Register for Youth Sports! Registration begins on SATURDAY, July 21st at 10am on the field. All ages and skill levels are welcome from 2YRS – 8TH GRADE. In YMCA Youth Sports, we strive to better each individual as a player and a person. We encourage teamwork, cooperation, and sportsmanship. No matter the skill level EVERY CHILD PLAYS...GUARANTEED!

FALL SPORTS LEAGUE (September 17th– November 10th)

Only half of the current team’s roster may return on that team next season. Registration is first come first serve.

<table>
<thead>
<tr>
<th>PRICE &amp; AGE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT Sports: (No Games)</td>
<td>Practices: Monday-Friday 5pm - 8pm</td>
</tr>
<tr>
<td>Basketball and Soccer</td>
<td>Games: Friday Nights or Saturdays</td>
</tr>
<tr>
<td>$15 Member / $80 Non-Member</td>
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<tr>
<td>Kinder Sports: (No Games)</td>
<td></td>
</tr>
<tr>
<td>Basketball and Soccer</td>
<td></td>
</tr>
<tr>
<td>$15 Member / $80 Non-Member</td>
<td></td>
</tr>
<tr>
<td>Rec Sports (1st-8th Grade):</td>
<td></td>
</tr>
<tr>
<td>Basketball, Volleyball, Soccer</td>
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</tbody>
</table>

Additional Donation for YMCA Strong Kids Campaign:

☐ $5   ☐ $10   ☐ $20   ☐ $100   ☐ Other __________

Donations to the Strong Kids Campaign allow the YMCA to provide membership and program assistance to kids and families who might not otherwise be able to afford to pay for YMCA services. When you give to the Y, 100% of your gift is used for financial assistance and program subsidies.

WHEN: Saturday, July 21
TIME: Starting at 10am
LOCATION: 5509 Will Ruth
           El Paso, TX 79924
PHONE: 915-755-9622
WEBSITE: www.elpasoymca.org
BOWLING YMCA FALL SPORTS

REGISTRATION BEGINS
July 21st, 2018 10am - At front Desk

REGISTRATION ENDS
September 8th - $20 Late Fee Thereafter

REMINDEERS
◊ Registration is a first come, first serve basis
◊ Teams will be closed once roster is full
◊ Only half a current team may return to the same team
◊ Coach & Parent Online Training: http://training.ymca.net

Coach's Meeting: September 14th 6 pm

Mandatory Parent Meetings:
Parent/child B-ball and Soccer September 11th, 2018 @6:00pm
Kinder sports September 11th, 2018 @ 7pm
Basketball
1st/2nd and 3rd– 5th Grade September 12th, 2018 @6pm
6th– 8th Grade September 12th, 2018 at 7pm
Soccer
1st/2nd Grade September 13th, 2018 @6pm
Volleyball
3rd/4th Grade: September 10th, @ 6:00pm
5th–8th Grade: September 10th @ 7:00pm

Practices Start: September 17th
Games Start: September 22nd- November 10th

Office Use Only
Your Coach:__________________________ Practice Time:__________________________ Staff Initials:_______

Your Coach:__________________________ Practice Time:__________________________ Staff Initials:_______

Sports Registration Form

Name:_________________________________ Grade:__________ DOB: ______________ Gender: ________ School: ______________

Address: ___________________________________________________________________________ Zip: ___________________ Best Contact Phone: _______________________

IF NEEDED, WILL YOU COACH? YES NO
Coach Shirt : _____ Participant Shirt: _____ MUST MARK SHIRT SIZE
Sizes: Youth XS  S  M  L  XL Adult S  M  L  XL  XXL

LEAGUES (September 17—November 10th 2018 )

<table>
<thead>
<tr>
<th>TOT (2-3yrs)</th>
<th>Kinder Sports (4-5yrs)</th>
<th>1st/2nd Grade Basketball:</th>
<th>1st/2nd Grade Flag Football:</th>
<th>3rd– 5th Grade Basketball:</th>
<th>3rd/4th Grade Volleyball:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soccer: ______</td>
<td>Basketball: _____</td>
<td>Flag Football: _____</td>
<td>Basketball: _____</td>
<td>Volleyball: _____</td>
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</tbody>
</table>

<table>
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<tr>
<th>6th– 8th Grade Basketball:</th>
<th>Flag Football: ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-Ball: _____</td>
<td>5th–8th Grade Volleyball:</td>
</tr>
<tr>
<td>5th–8th Grade Volleyball:</td>
<td></td>
</tr>
</tbody>
</table>

Release of Liability/Assumption of Risk: The undersigned participant or parent/guardian, in consideration of participation in the program activities indicated on this form, agree to indemnify and hold harmless the YMCA of El Paso, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, name herein, arising out of, or, in any way connected with the program or activity indicated and assumes the risk for such injury or illness. I also authorize the use of any photographic image of the participant, herein, taken during program or activity for use in any YMCA of El Paso publication. I further agree to abide by all of the YMCA of El Paso policies and procedures. Print Parent’s Name:__________________________ Parent’s Signature: ______________________ Date:________

Print Parent’s Name:__________________________ Parent’s Signature: ______________________ Date:________