



# Program Waitlist

**NOTES:** Waitlist participants will be placed if space becomes available. YOUR PARTICIPANT IS NOT REGISTERED AT THIS TIME. You will be contacted if we are able to place your participant. Registration and payment will be required at that time. All registrations and payments will still be completed thru [RogueValleyYMCA.PlayerSpace.com](http://RogueValleyYMCA.PlayerSpace.com)

## Select the program you are interested in:

- Basketball    
  Flag Football    
  Swim Lessons    
  Track    
  Volleyball

Email\*: \_\_\_\_\_

\*Email is REQUIRED. If placed, you will be contacted by email.

Child's Name: \_\_\_\_\_

Sex:  Male -or-  Female     DOB: \_\_\_\_\_     Age: \_\_\_\_\_     Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_     Phone: \_\_\_\_\_

## Complete program specific information below:

<p><b>Swim Lessons</b></p> <p>Swim Level: <input type="checkbox"/> Intro  <input type="checkbox"/> Intermediate  <input type="checkbox"/> Swimmer</p> <p>Class Request:    <input type="checkbox"/> Parent-Tot  <input type="checkbox"/> Preschool  <input type="checkbox"/> School Age  <input type="checkbox"/> Teen / Adult  <input type="checkbox"/> Swim Club</p> <p><i>Office Use Only:</i>  Date Received: _____  Staff Member Taking Form: _____</p>	<p><b>Youth Sports</b></p> <p>Coach Request: _____  Player Request: _____  School Request: _____</p> <p>I (guardian listed above), am willing to participate as a volunteer in support of the program as:</p> <p> <input type="checkbox"/> Coach                      <input type="checkbox"/> Assistant Coach  <input type="checkbox"/> Official                      <input type="checkbox"/> Team Parent  <input type="checkbox"/> Donor / Sponsor </p>
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### PARTICIPATION AGREEMENT

I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any YMCA activity. I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation. I agree that I will cooperate and conform to the directions and instructions of the YMCA staff and volunteers. I hereby give the YMCA permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse. I have read and understand this Release, Waiver and Indemnity Agreement. I understand that the YMCA's emphasis is on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_