



**YOUTH WAIVER**

**BASKETBALL VOLLEYBALL SOCCER T-BALL SWIMMING  
OTHER\_\_\_\_\_.**

**NAME OF PLAYER:** \_\_\_\_\_ **SEX:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**HOME PHONE NUMBER:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_  
**T-SHIRT SIZE (If Applicable):** YS YM YL YXL AS AM AL AXL AXXL  
**SPECIAL HEALTH NEEDS/REQUESTS:** \_\_\_\_\_  
**PARENT/GAURDIAN:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_  
**PARENT/GAURDIAN:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_  
**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

League Parents: I \_\_\_\_\_ would like to:  
Coach\_\_\_\_ Co-Coach\_\_\_\_ Referee\_\_\_\_ Scorekeeper\_\_\_\_ for my child's team.

**AGREEMENT**

- 1) I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Orrville/Dalton YMCA to obtain medical treatment for my child in the event that a parent/guardian and emergency contact cannot be reached.
- 2) I support the YMCA Youth Super Sports Philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

**WAIVER AND RELEASE**

I realize that the sport named above is a vigorous physical activity that involves elements of the activity such as height, flight, and rotation of equipment and players, and rapid directional change. I understand that participation in the above sport involves certain inherent risks and regardless of the precautions taken by the Orrville/Dalton YMCA or the participants, some injuries may occur. Possible severe injuries include, but are not limited to: blindness, quadriplegia, and death. The likelihood of such injuries may be lessened by adhering to the safety rules. In order to properly protect my own safety and that of my fellow participants, I agree to follow these rules as well as any others that may be given by my coach. Furthermore, in recognition of the importance of shared responsibility for safety, I agree to immediately report any noted deviations from the safety rules, as well as any observed hazardous conditions or equipment to my coach. I further certify that my present level of physical conditions is consistent with the demands of active participation in the above named sport. Following is a complete list of all my known health conditions that might affect my ability to participate: \_\_\_\_\_.

I have carefully read the foregoing document. I have had the opportunity to ask questions and have them answered. I am confident that I fully know, understand, and appreciate the risks involved in active participation in the above sport.

Having been informed of the above program to provide games for girls and boys, I, the parent of the above-named registrant, do hereby give my approval of his/her participation in any and all of the activities during the current session. I assume all risks and hazards incidental to the conduct of the activities, and I further release, absolve, indemnify, and hold harmless the Orrville/Dalton YMCA, the organizers, sponsors, supervisors, volunteers, officials and any related participants. In case of injury to my son/daughter, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed to them. I am voluntarily requesting permission for my son/daughter to participate.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Child