



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# YMCA OF HANNIBAL YOUTH FALL CHEERLEADING 2017 REGISTRATION FORM

**Who:** Grades: K-6th Grade  
**Where:** All games are played at the YMCA of Hannibal fields  
**When:** Season runs September 9th-October 14th  
**Registration and Fees:** Early Bird: July 31st-August 13th Members \$24 Non members \$38  
Normal Registration August 14-August 20th Members \$28 Non members \$42  
 Late fee (After August 20th) \$5 **(Financial Assistance is available)**  
**Coaches Meeting:** Tuesday, August 29th @ 6pm at the YMCA of Hannibal

(Placement on team after registration period is dependent on space available only)  
 Please remit to YMCA of Hannibal (Do not return to school)

**Practices will be held at the YMCA starting TBA. Kids will be cheering at Saturday Flag Football games at the YMCA Sports Fields. T-shirts and Pom Poms will be provided.**

Name: \_\_\_\_\_ Sex: M F Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt YS YM YL AS AM AL AXL  
 Special Health Needs/Requests \_\_\_\_\_ Number of Years Experience \_\_\_\_\_  
 Parent(s) Name(s) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Guardian(s) Name(s) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### Agreement

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached. I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership.

**I AM WILLING TO PARTICIPATE AS A VOLUNTEER IN SUPPORT OF THE PROGRAM: (PLEASE CIRCLE ONE OR MORE.)**

**COACH      ASSISANT COACH      OFFICIAL      OTHER: \_\_\_\_\_**

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Staff \_\_\_\_\_  
 Put in Trinexum \_\_\_\_\_ code #29