Aberdeen Family YMCA Program Registration

Drop off or Mail with payment: Aberdeen Family YMCA
5 South State Street, Aberdeen, SD 57401

*Following the start date if the program/season is cancelled due to COVID-19, no refunds will be provided.

Family Information: Parent/Guardian: ______________________________________________________________

Primary Cell: ___________________________ Primary email: __________________________________________
(For program communication)

Address: ___________________________________________ City: ___________________________ Zip: __________

Participant: ___________________________________________ DOB: __________ (M)(F)
First Name ___________________ M.I. _______ Last Name ___________
Grade: _______ School Attending (Fall 2020): ___________________________

T-shirt Size for applicable programs: (circle one) YS, YM, YL, AS, AM, AL Hgt. _____ Wgt. _____
For program details visit www.aberdeenymca.org

For Youth Football
Program Name: __________________________________ Dates: __________ Fee: ______

Program Name: __________________________________ Dates: __________ Fee: ______

Program Name: __________________________________ Dates: __________ Fee: ______

Total Fees: __________

Medical concerns/conditions: ________________________________________________________________

Volunteer Coaches are needed to positively impact our youth sports programs. Please consider helping and make an impact with youth today. Are you willing to coach? Yes  No

Name: __________________________________________ Cell Phone: ________________________________

Email: __________________________________________

YMCA Waiver of Liability – I give my permission for the above participant to participate in the Aberdeen Family YMCA programs and events. I understand that accidents can and do happen and that the “Y” has no responsibility, assumes none, and carries no accident insurance for the participant’s medical expenses and well-being. I further understand that there is an inherent risk in all physical activities and that the participant assumes such risk. In case of an emergency, I consent to medical attention and/or emergency transportation. I waive all rights against the Aberdeen Family YMCA should injury or accident occur whether on the premises of the Y or any other premises in which the program/event takes place.
I give the Aberdeen Family YMCA permission to use my child’s picture in YMCA publications. YES  NO

Parent/Guardian
Signature: __________________________________________ Date: __________

*This form can be copied for additional family members/participants.

Office Use Only: Staff Initials ______ Date ______ Receipt # ______ Amt Paid ______