

**BEDFORD YMCA**  
**SOCCER CAMP REGISTRATION**

**FEES: \$25 FOR YMCA MEMBERS / \$40 FOR PROGRAM MEMBERS**

Check one:  Member  Non-Member

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Father: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**BEDFORD YMCA RELEASE FORM**

RELEASE MADE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ BY  
\_\_\_\_\_ PARENT OF \_\_\_\_\_.

**IN CONSIDERATION OF THE PERMISSION GRANTED TO MY CHILD OR CHILDREN BY THE BEDFORD YMCA TO PARTICIPATE IN YOUTH SOCCER, I HEREBY RELEASE THE BEDFORD YMCA FROM ALL ACTION, CAUSES OF ACTION, DAMAGES, CLAIMS OR DEMANDS WHICH I, MY HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNEES MAY HAVE AGAINST THE BEDFORD YMCA AND OTHER DESIGNATED PARTIES FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, TO \_\_\_\_\_ (NAME OF CHILD) HAS OR MAY INCUR BY PARTICIPATING IN THE YOUTH SOCCER PROGRAM AND HEREBY KNOWINGLY ASSUME THE RISK THAT SUCH CHILD MAY BE INJURED IN SUCH ACTIVITY.**

**I HEREBY ATTEST THAT MY CHILD IS PHYSICALLY FIT AND HAS NO AILMENT THAT SHOULD PREVENT HIM/HER FROM PARTICIPATING IN SOCCER. I FURTHER AUTHORIZE THE BEDFORD YMCA OFFICIALS TO TAKE PROPER STEPS TO PROVIDE MEDICAL ATTENTION SHOULD MY CHILD BE INJURED WHILE PLAYING OR BEING TRANSPORTED TO OR FROM ANY YMCA SPONSORED ACTIVITY. I HOLD SAID OFFICIALS HARMLESS THEREFORE. I HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

PLEASE LIST ANY HEALTH CARE NEEDS THE BEDFORD YMCA SHOULD BE AWARE OF:

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

