

Clackamas Family YMCA
Program Registration Form
10121 SE Sunnyside Rd suite #300
Clackamas, OR 97015



Circle Event: Boys 7-8 Boys 9-12 Girls 9-12

Participant Information: Participant _____ Age _____
Gender Male Female Date of Birth _____ Grade _____ School _____
Home Address _____ City _____ Zip _____
Home Phone _____ Height _____

Parent(s) Information

Parent / Guardian _____ Home Phone _____
Work Phone or Cell _____ Parent Email Address _____
Additional Parent / Guardian _____ Home Phone _____

T-Shirts

Adult: Small Med Large XL XXL

Past Experience: Competitive or Recreational Years Played _____

YMCA Permissions: My child _____ has my permission to participate in the above stated YMCA program. I am aware that photographs of my child could be used for marketing and publicity purposes. I acknowledge that this YMCA activity may be hazardous, and I release the YMCA of Columbia-Willamette from any liability to persons or damage to property. In an emergency, the YMCA has my permission to call an ambulance at my expense.
Parent /Guardian Signature _____ Date _____

Player and Coach Requests: Though we will try to accommodate, we cannot guarantee player or coach requests. If you register after the deadline you will be put on a waiting list (must have a completed registration form).

Teammate Request _____ Phone _____
Coach Request _____ Phone _____

PRACTICES: Practices are held in North Clackamas Schools. Practice nights, times, are chosen by the volunteer coaches. In registering you are doing so with the understanding that your practice could fall on any weeknight 6pm-8pm depending on the coaches preference. We will try to keep your practice within a 15 minute drive.

Volunteer Opportunities

I would like to volunteer as a coach. I would like to volunteer as an assistant coach.

Name _____ Phone _____ Email _____

Payment Enclosed. Check # _____ Cash _____
Credit or Debit Card. VISA/MC# _____ Expiration _____

Refund Policy:

No refund after first practice.