FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FEES PAID (DATE): _____
CHECK #: _____
DATE IN COMPUTER: _____
STAFF INITIAL: _____

TIFTAREA YMCA
2026 Soccer Camp

Member Price
$50.00

Non-Member Price
$70.00

Camp Dates
Beginners June 8th–12th
Advanced June 15th–19th
(Please Circle the one you are attending

PARTICIPANT'S NAME _____ NEW PLAYER (Y / N) YMCA MEMBER (Y / N)

SEX _____ AGE : _____ DATE OF BIRTH ____/____/____ GRADE_____ ETHNICITY (Please circle one) W B A H I O

ADDRESS _____ ZIP CODE_____

MOTHER/GUARDIAN'S NAME _____ FATHER/GUARDIAN'S NAME_____

PRIMARY PHONE_____ MOTHER CELL PHONE _____ FATHER CELL PHONE _____

SECONDARY PHONE_____MOTHER WORK PHONE_____ FATHER WORK PHONE _____

MOTHER EMAIL _____Father Email _____

SPECIAL MEDICAL INFORMATION_____

The YMCA Soccer Camp will be held June the 8 -12th for beginners (ages 7-9) and June 15th-19th for advanced players (ages 10+). The camp will start at 8:30am and ending at 11:30am each morning. You can drop your child off at the YMCA Hunt Park starting at 8:15 and must pick them up by 11:45. On the last day of camp (Friday) we will end practice early and allow each of the players to enjoy some time in the pool, so a towel and change of clothes will be needed on Friday. **Children must be ages 7 or older to attend the camp**
Transportation to and from the YMCA Summer Camp will be provided in addition to a 10% discount for any child registered for that week of summer camp

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child. The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. I give my permission to the Tiftarea YMCA to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine or my family's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs. In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application. The undersigned understands that no accident or medical insurance is provided with this activity. The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

ACCEPTANCE

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

_____ _____ _____
PARENT/GUARDIAN SIGNATURE DATE EMERGENCY CONTACT(S)