

GREENVILLE/HUNT COUNTY YMCA REGISTRATION

SPRING 2010 TENNIS

WWW.GREENVILLE-YMCA.ORG

Age Division _____

Member

Non-member

****NO SPECIAL REQUESTS ALLOWED**

****COPY OF BIRTH CERTIFICATE REQUIRED FOR ALL NEW PLAYERS****

Player Information

Last Name _____ First Name _____ D. O B. ____ / ____ / ____
m d y

Address _____ City _____ Zip _____ Male/Female

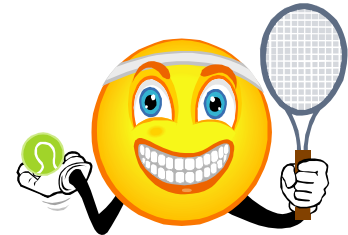
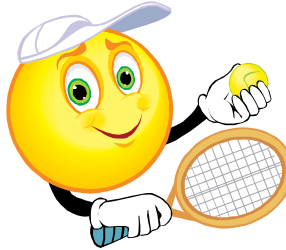
Contact Phone _____ Contact E-mail (*required*) _____

Grade _____ School _____

Jersey Size ()XS- ()YS(6-8) ()YM(10-12) ()YL(14-16) ()AS(34-36) ()AM(38-40) ()AL(42-44) ()AXL(46-48)

Important dates:

Registration ends: March 21st
 Formation of teams: March 22nd
 Coaches meetings: March 25th
 First practices: Week of March 29th
 First Matches: April 17th



Matches will be played on Saturdays at the Greenville High School Tennis Courts

Parent / Guardian Information

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____ Relation _____

Parents Code of Conduct

- I will cheer for my child and not yell at him or her
- I will not argue calls with the officials, neither during or after the game
- I will respect the decision of the coaches, officials and program administrators in all matters
- I will not engage in any negative behavior towards the other team, their players, coaches or parents
- I will stress to my child, and demonstrate by my behavior, the importance of sportsmanship in all areas of play

Injury Waiver/Medical Consent

In consideration of my child being accepted in the Greenville/Hunt County Co. YMCA program, I do hereby waive and release the Greenville/Hunt County YMCA Staff, Board of Directors, Officials and Team Coaches of all rights and claims for damages sustained and suffered by my child in connection with his/her association and participation in the Greenville/Hunt County Co. YMCA programs. In the event I cannot be reached in an emergency, I do hereby give to the YMCA Staff and Coaches permission to secure proper treatment for my child as named above.

Parent's Signature _____

Date _____

Team Sponsor (Cost \$175.00 per team) – Sponsor Name: _____

Sponsor Another Player for: \$10 \$15 \$20 Other \$ _____

YMCA Staff Only

Receipt # _____

Amount: _____

Staff: _____

Date: _____

YMCA Mission

"To put Christian principles into practice through programs that build healthy spirit, mind, and body for all"