GREENVILLE/HUNT COUNTY YMCA SPRING TENNIS 2010

COACHING – REGISTRATION FORM

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 _____

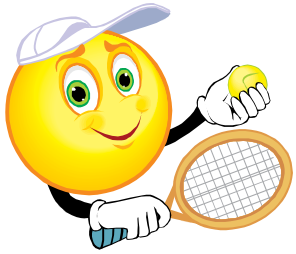
Contact Phone _____ Contact E-mail ***(required)*** _____

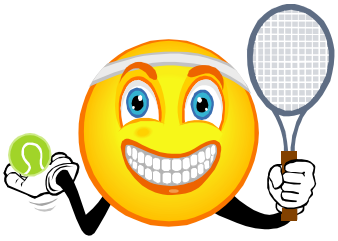
Grade_____ School _____

Jersey Size ( )YXS-**U4 only** ( ) 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 _____

Volunteer Ability

Head Coach* Name _____ Coach Shirt Size _____ **($20.00)**

COACHES APPLICATION AND CODE OF CONDUCT MUST BE FILLED OUT AT TIME OF REGISTRATION

*Assistants are chosen after team formation, pending approval process, in accordance with YSC operating rules Ia.3.

**A $50.00 Deposit will be required on all coaching equipment – available for pickup at the Coaches meeting.

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

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

YMCA Staff only

Receipt # _____

Amt: _____

Date: _____

Staff: _____