



Program Enrollment Card

Name: _____ Date: _____

Address: _____
Street

_____ City _____ State _____ ZIP

Date of Birth: _____ Age: _____
Month Day Year

T-Shirt Size: XS YS YM YL Gender: M F
(2-4) (6-8) (10-12) (14-16)

Phone Number: _____

Parent Name: _____

Email Address: _____

Preferred Practice Night:
_____ Tuesday _____ Thursday _____ Either

Volunteer Coach: Yes _____ No _____

Name of Coaching Parent: _____

Phone Number of Coaching Parent: _____

Coach's T-Shirt Size: _____

Team Member Request:

Program Enrollment Card

Program Name: T-Ball (Dubois County)

Session Date(s): Spring 2018

Fee Paid: _____ Collected by: _____

Consent Statement: By signing this form it is understood that the responsibility for monitoring the condition of the participant lies with the participant and or guardian and that the undersigned has the understanding of YMCA programs and its facilities. **Talent Release:** This statement is hereby acknowledged and agreed upon by me with the full understanding that any photographs, videotapes, or audio tapes will be freely used by the Tri-County YMCA for public displaying either printed or electronic material for the purpose of furthering the business interest of the Tri-County YMCA.

Signature of Participant or Guardian:



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