



YMCA of Greensboro – Sports Registration Form

Sport Registering For:

PLAYER INFORMATION

First Name: _____ Last Name: _____
Date of Birth: ___/___/_____ Age: _____ Age Group: _____ Gender: _____
Address: _____ City: _____ State: ___ Zip: _____
T-Shirt Size YS YM YL AS AM AL AXL Number of Seasons Play in this Sport: _____

PARENT/GUARDIAN INFORMATION

Guardian #1 (person who will be contacted in case of practice/game changes or cancelations)

Name: _____ Relationship: _____
Cell Phone Number: _____ DOB: _____
Email: _____

Email contact: You will receive emails from our player management system Team sideline.. Please be sure to check your spam folder for potential emails as we reach the start of the season. Emails will come from this address: noreply@teamsideline.com

Guardian #2 Name: _____ Relationship: _____
Cell Phone Number: _____ DOB: _____
Email: _____

AS A PARENT I WOULD LIKE TO (Circle one):

Coach (Shirt Size: _____) Asst. Coach Team Parent Sponsor a Team: antoine.hawkins@ymcagreensboro.org

REQUESTS: (Not all requests can be filled. Certain age groups cannot honor requests.)

Coach Request: _____ Night You CANNOT Practice: M T W Th F
Sibling Request (one choice only): _____ 1st Priority: Coach Sibling Night

Parent/Guardian Signature: _____ Date: _____