



# LIGONIER VALLEY YMCA

## Youth T-Ball Information Form

Player's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Shirt Size: Adult S M L / Youth S M L (Circle One)

Any Medications or Allergies:

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Would you be interested in volunteering? \_\_\_\_: Yes \_\_\_\_: No

**I hereby certify that my child is in normal health and capable of safe participation in the Ligonier Valley YMCA Soccer program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby authorize the Ligonier Valley YMCA, or a YMCA coach to obtain medical treatment for my child in the event that my emergency contact or I cannot be reached.**

**I support the Ligonier Youth Sports Philosophy, which is based on Participation, Sportsmanship, Skill development, Fitness, Friends, Family Involvement and Fun!**

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**Parent/Guardian Signature**

**Date**