



Your Destination for all your equipment needs



RIGHT STUFF. LOW PRICE. EVERYDAY!

BLASTBALL

BOYS & GIRLS

AGES 4 & 5

\$65 REGISTRATION FEE



Registration Deadline August 26, 2017

Your child will learn the fundamentals of running with and kicking a ball, along with basic exercises. Accomplishment of the task means success!

Volunteer Coaches are Needed (Parental involvement is paramount throughout the practice session.)

Mail form and payment or register at:
RESERVOIR YMCA
6023 Lakeshore Park
Brandon, MS 39047
Questions?
Contact Brent
601.992.9118

Shirt Size (Circle size for participant) YXS YS YM YL If unsure of size, see sample at the Y.
Child's Name _____ Gender _____ DOB _____ Age _____
Home Address _____ City _____ State _____ Zip _____
Mother's Name _____ Home/Cell Phone # _____
Father's Name _____ Home/Cell Phone # _____
E-Mail Address _____
Special Instructions/Requests _____

I AM WILLING TO: _____ COACH (Must Attend Coaches Meeting)
_____ BE A TEAM PARENT (Help with snacks, helping the coach with contacts, etc.) _____ BE A TEAM SPONSOR

Waiver of Liability, Disclaimer and Permission: I hereby forever release, acquit, discharge and agree to indemnify and hold harmless the YMCA and all event sponsors and volunteers, as well as any officers, directors, agents, employees, successors or assigns of the aforementioned parties, in addition to all other persons who are either directly, or indirectly involved with the activity in which the participant is registering (collectively the "Released Parties"), from any and all liabilities, claims, damages and demands and all other liabilities or whatever kind of nature arising from or related to the Y activity, including, but not limited to, any and all liabilities, claims damages and demands arising from any personal injuries, loss or death occurring as a result of the Y activity. I further agree that I will never institute any action or suit, at law, in equity or otherwise, against any of the Released Parties, and will not aid in the institution or prosecution of any such action or suit against the Released Parties which in any way involves or relates to the Y activity. I further state that I am in proper medical condition to participate in and complete the YMCA activity and am not participating against doctor's advice, nor am I taking medications which would deter my health in the participation of the YMCA activity. If any act of God forces the cancellation of the Y activity, I understand that registration fees are non-refundable. This Release shall be binding upon the executors, administrators, personal representatives, heirs, successors and assigns of the undersigned. I also understand that there are no refunds for this program without a physician's written explanation of inability to participate. I give permission that my picture may be taken and used by the YMCA for publicity.

Signature of Parent or Guardian _____ Date _____



Office Use Only: Amt Pd _____ Rcpt # _____ Date _____ Clerk _____ Balance _____ Paid By: Check Cash Credit Card