

Premier Charter School is partnering
with the South City YMCA to bring you
PK-5th grade soccer

Please fill out the attached YMCA form and
RETURN it to PCS with the payment of \$10. A
completed form and \$10 payment must be turned
in to be considered registered. One form per child.

Payments can be made via the parent portal (in
the school store), or cash/check. All forms and
money can be turned into PCS drop boxes located
at each front office.

Students will receive a YMCA team shirt, have
one practice a week, and one game a week.
Practices start the week of March 20th, 2023.
Games start the first weekend in April.

Forms & Payment DUE
Friday, February 24th





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2022 Youth Sports Registration Form

CHILD INFORMATION

To enroll your child in this program, complete this form (front and back) and return to your Mr. or Mrs. Lydon, Mrs. Dizes-Nier, or the Middle School Front Office.

Child Name: _____ Date of Birth: _____ Age: _____
Grade: _____ Teacher: _____ School Name: Premier Charter School
Gender: _____ Child Shirt Size: _____

PARENT INFORMATION

Parent/Guardian Name: _____ Parent Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: (Home) _____ (Cell) _____
Email Address: _____

Additional Parent/Guardian Name: _____
Email Address: _____ Phone Number: _____

- 1. Do you authorize medical care? Y N
- 2. Does your child have any medical conditions that we should know? If yes, please explain. Y N

As a Parent/Guardian, are you interested in volunteering to coach your child's team? Y N

If, Yes, PLEASE fill out the requested information for the person interested in coaching . This person will be required to complete the mandatory trainings and background screening provided by the YMCA. In total this process should take about 30 minutes.

Parent/Guardian Name (First and Last): _____
Email Address: _____
Best Contact Number: _____

To complete enrollment, sign next page

LIABILITY WAIVER, INDEMNIFICATION & PERMISSION AGREEMENT

I fully release and discharge the GATEWAY REGION YMCA and its employees, directors and volunteers from any and all claims or damages, including claims or damages arising from injuries, death or property damage, which may arise out of or occur in connection with my use of the GATEWAY REGION YMCA facilities the programs offered by the GATEWAY REGION YMCA or allegedly caused by the negligence of the GATEWAY REGION YMCA except for those resulting from the intentional or reckless acts of the GATEWAY REGION YMCA or its employees, directors and volunteers.

I further agree to indemnify and hold harmless the GATEWAY REGION YMCA and its employees, directors, and volunteers from any and all claims or damages, costs or expenses, incurred by the GATEWAY REGION YMCA its employees, directors, and volunteers which result from or relate to my use of the GATEWAY REGION YMCA facilities and the programs offered by the GATEWAY REGION YMCA except for those resulting from the intentional or reckless acts of the GATEWAY REGION YMCA or its officers, or employees.

I have been offered the opportunity to negotiate the terms and conditions of this liability waiver and indemnification agreement; however, I choose to accept the terms and conditions of this agreement as they are, without negotiation.

PHYSICAL ACTIVITIES

In addition to my participation in general activities programs, I acknowledge that certain risks apply when using the GATEWAY REGION YMCA.

The undersigned hereby recognizes and acknowledges that certain risks of physical injury and property damage exist when participating in the programs offered by the GATEWAY REGION YMCA, including but not limited to the drowning while swimming, and death or serious injury from diving, swimming for extended periods of time or great distances, or falling while participating in other activities offered by the GATEWAY REGION YMCA. I agree to release all claims of injury or damage to or for myself or my child/ward arising from the negligence of the GATEWAY REGION YMCA and any of its directors, officers, employees or volunteers. I acknowledge that I have been provided with adequate time to read this release, obtain any advice I might need, and bargain for the opportunity to participate in activities without signing this release, prior to signing below.

PHOTO/MEDIA

It is understood and agreed that the GATEWAY REGION YMCA reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including, but not limited to reports, publications, brochures, emails, our website and other instances of online presence.

I grant the GATEWAY REGION YMCA, its agents and the news media the right to photograph me and/or my family including children and to use the photograph for news and publicity purposes. I agree to my child participating in GATEWAY REGION YMCA programs and that he/she will comply with all rules and regulations. I further agree that I will not hold the GATEWAY REGION YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the GATEWAY REGION YMCA standards and guidelines.

RULES & POLICIES

I understand my child may be subject to health checks and may not be accepted into a YMCA program, may be denied participation in program, or may be removed from program if my child: (a) is ill or exhibiting symptoms of illness, including without limitation any symptoms of COVID-19 per the most up to date guidelines provided by the Center for Disease Control (CDC) (which currently include fever, cough, loss of taste/smell, and shortness of breath), or have not been fever free without medication for 72 hours; (b) have traveled outside the United States or to a high risk area in the past 14 days; (c) have had contact with any person being tested or with confirmed COVID-19 in the past 14 days; or (d) have had contact with anyone who has been instructed to self-quarantine in the past 14 days. Wellness criteria are subject to change based on guidelines provided by the CDC or local health authorities.

Child's Name: _____

Parent or Guardian Signature

Date