Greensburg YMCA Track and Field 2017

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The Greensburg YMCA Track and Field team is for anyone age 5-18 years old. The team takes part in events such as throwing, jumping, and running. Practices are held at the Greensburg Salem High School track facility.

Season
April 3rd through July 30th, 2017

Meets
Weekly on Saturdays

Fee
$83.00–YMCA Member
$103.00-Potential YMCA Member
($20 discount for athletes who compete on a designated middle/high school team throughout the season)

Visit us @ www.gbgymca.org

Contact
Joyce Norris at
412-260-0809
norrisfamily5@yahoo.com

Registration
January 23rd– March 26th, 2017

Practices (5:30-7:30)
Held @ Greensburg Salem HS Monday, Tuesday, and Thursday.

Informational Meeting
March 29, 2017 @ 7:00PM
At the Greensburg YMCA

YMCA Youth Track & Field Registration Form

Return this form with payment in full to the Greensburg YMCA at
101 South Maple Ave, Greensburg, PA 15601

Athlete's Name: _____ Birth Date: _____ Gender: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Age: _____

Parent's Name: _____ Email: _____

Emergency Contact: _____ Phone: _____

Volunteer Coaches Need: If you are interested in helping volunteer coach for the Greensburg YMCA track team, please print your name and phone number below. No experience required.

Name: _____ *Phone Number:* _____

I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any YMCA activity. I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation. I agree that I will cooperate and conform to the directions and instructions of the YMCA staff and volunteers. I hereby give the YMCA permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse. I have read and understand this Release, Waiver and Indemnity Agreement. I hereby authorize and grant permission to the YMCA and any of its authorized agents to use me or my child's photographic image for any electronic or non-electronic form or media. I agree that my image may be reproduced, edited and used in whole or in part for any and all media, including, without limitation, print, audio-visual, multimedia, and/or exhibition purposes, in any manner, in perpetuity and throughout the world. I understand and agree that I have no rights to any benefits derived from any such image.

Signature of Parent/Guardian: _____ Date: _____

Fee Paid:_____ Membership paid: _____ Receipt #: _____ Staff Initials : _____ Date: _____