

Mt. Hood Family YMCA  
Program Registration Form  
223 SW Buxton, Troutdale, Oregon 97060  
503.492.9890 fax 503.618.8935



**Program/Sport** \_\_\_\_\_

**Season** \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer

For your convenience you can register online at [www.ymca-mthood.org](http://www.ymca-mthood.org)

**Participant Information.** Participant \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_ Male \_\_\_ Female Date of Birth \_\_\_\_\_ Grade \_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**Parent(s) Information**

Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone or Cell \_\_\_\_\_ Parent Email Address \_\_\_\_\_

Additional Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

**T-Shirts** \_ Youth Medium (10–12) \_ Large (14– 16) \_ **Adult** Small \_ Medium \_ Large \_ X-Large

**YMCA Permissions.** My child \_\_\_\_\_ has my permission to participate in the above stated YMCA program. I am aware that photographs of my child could be used for marketing and publicity purposes. I acknowledge that this YMCA activity may be hazardous, and I release the YMCA of Columbia-Willamette from any liability to persons or damage to property. In an emergency, the YMCA has my permission to call an ambulance at my expense.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Teammate and Coach Requests.** We don't guarantee teammate or coach requests, but we will try to make it happen. Phone numbers are required to link teammates and coaches. If you register after the deadline you will be put on a waiting list (must have a completed registration form) and then placed on the first available team.

Teammate \_\_\_\_\_ Phone \_\_\_\_\_

Coach \_\_\_\_\_ Phone \_\_\_\_\_

**Volunteer Opportunities**

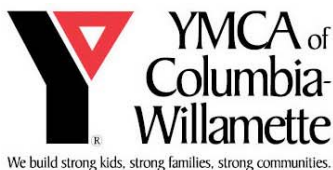
\_\_\_ I would like to volunteer as a coach. \_\_\_ I would like to volunteer as an assistant coach.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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**Payment Enclosed.** Check # \_\_\_\_\_ Cash \_\_\_\_\_

**Credit or Debit Card.** VISA/MC \_\_\_\_\_ Expiration \_\_\_\_\_

**Refund Policy:** A full refund if canceled before the first game or class. A 10% cancellation fee will be assessed if you cancel after the first game or class. If a player is injured prior to or during the 2nd game we will give credit towards a different YMCA program. **Financial Assistance is Available.** Please contact the office at 503.492.9890, or download an application from our website. Deadline to apply for financial assistance is two weeks prior to registration deadline and must accompany a completed registration form. Payment in full is due before the first game or class.



You *are* what you *do*  
[www.ymca-portland.org](http://www.ymca-portland.org)