



2010-2011 West Essex YMCA Fall/Winter Registration Form

***** Please type all information, this will ensure that your child's data is entered correctly by the coaching staff!!**

Child's Name (Last/First): Age (As of 12/1/10): Sex: Date of Birth: Grade (As of 9/1/10):

Address: Home Phone:

Are you transferring from another YMCA or USA Club? Yes: No: If yes, please type team name:

"Y" Membership Expiration Date: Type:

Mother's Name ** Work Phone: Email Address:

Father's Name ** Work Phone: Email Address:

Emergency Contact: Relationship: Emergency Phone: