

**ARMED SERVICES YMCA KIDS' OLYMPICS
REGISTRATION FORM**

NAME: _____
(Last) (First) (Middle Initial)

SEX: _____ AGE: _____ DATE OF BIRTH: _____ GRADE: _____
(Month/Day/Year)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

T-SHIRT SIZE: **Shirts run small!!!** (Circle One) Child MEDIUM, Child LARGE,
Adult SMALL (same as Child XL), Adult MEDIUM, Adult LARGE

FATHER'S NAME: _____
(Last) (First) (Middle Initial)

RANK/TITLE: _____ UNIT/OCCUPATION: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

HOME PHONE: _____ WORK PHONE: _____

MOTHER'S NAME: _____
(Last) (First) (Middle Initial)

RANK/TITLE: _____ UNIT/OCCUPATION: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

HOME PHONE: _____ WORK PHONE: _____

In signing this registration form for my child, I certify that he/she is in good health and has my permission to participate in the Armed Services YMCA (ASYMCA) Kids' Olympics. I also agree that myself or another adult will be there to supervise my child throughout the day, and that the ASYMCA will not be held responsible for any illness, accidents, or death resulting in participating in the ASYMCA Kids' Olympics.

PARENT OR GUARDIAN: _____
(Print) (Signature)

Please include a \$15.00 check or money order made out to the ASYMCA (Includes a Kids' Olympic T-Shirt and Medal) and mail to: ASYMCA, ATTN: Lynne M. Grates, 208 Thorncliff Drive, Fayetteville, NC 28303.

