



## Additional Information Required Application Registration - Parent

Recruit's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

*(Updates by email will be sent to parents & YM)*

**\*\*Parent If you DO NOT have an email please check\*\*\***  
*Parent will be called at the Primary Phone Listed below.*

1.  **Parent** does NOT have an email address, list your **Primary Phone #:** \_\_\_\_\_

2. Recruit Information: Email Address: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_

3. **Size - List Below** *There is NO Charge to parent for gear below.*

**PT Gear**

*(issued by Milton Lewis)*

_____ Gray T- Shirt	Adult sizes only	(S, M, L, XL, XXL, XXXL)
_____ Black Shorts	Adult sizes only	(S, M, L, XL, XXL)

*(below shipped from YM HQ - No charge with initial registration)*

\_\_\_\_\_ Red YM T-shirt      \_\_\_\_\_ Camo Cover      **\*\*See YM FORM 2 - to list your sizes\*\***

4.  **Yes - attached**

**\*\*Parents be sure the items below are included with the application before turning-in\*\***

\_\_\_\_\_ **SS # - copy of card attached**

\_\_\_\_\_ **Copy - Medical Insurance Card (back & front)**      \_\_\_\_\_ **Do NOT have Medical Insurance**

### Below - to be completed By Staff - Milton Lewis YM

**PAID - REGISTRATION \$50.00**      Check #: \_\_\_\_\_      \$ Cash \_\_\_\_\_      Rec'd by: \_\_\_\_\_

**Amt Paid: \$** \_\_\_\_\_

**PT Gear Issued:**

\_\_\_\_\_ **Gray T-Shirt**      \_\_\_\_/\_\_\_\_/\_\_\_\_      by: \_\_\_\_\_      Size Given \_\_\_\_      Adult

\_\_\_\_\_ **Black Shorts**      \_\_\_\_/\_\_\_\_/\_\_\_\_      by: \_\_\_\_\_      Size Given \_\_\_\_      Adult

**Received - from Parent completed:**

**Comments:**

- |                                                                 |       |
|-----------------------------------------------------------------|-------|
| _____ Enrollment Form - Record Book Info (YMForm 1)             | _____ |
| _____ Emergency Contact / Camo Cover Size & T-shirt (YMForm 2)  | _____ |
| _____ YM Contract & Obligation (YMFORM 3 & 3A)                  | _____ |
| _____ Authorization Meds Over-Counter (YM MED FORM 1)           | _____ |
| _____ Permission Dispense Prescription Meds (YM MED FORM 2)     | _____ |
| _____ Health History - Completed by Parent (YM MED FORM 3)      | _____ |
| _____ Physical Examination - Completed by Physician (YM FORM 4) | _____ |
| _____ Additional Information Required (YM Form 5)               | _____ |



