

# YMCA Youth Sports Draft Card



Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Tel: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Coordinate practice with sibling? Yes \_\_\_\_\_ No \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age: \_\_\_\_\_

Sibling Sport/Division: \_\_\_\_\_

## Preferred practice days/times:

**Must choose two practice options; circle first preference.  
Players will be limited to three seasons with the same coach.**

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_

5 PM \_\_\_\_\_ 6 PM \_\_\_\_\_ 7 PM \_\_\_\_\_