



2018 Youth Basketball Registration Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Players Full Name _____ Birthdate ____/____/____ AGE _____ Grade _____

Gender: Male or Female Childs Race/Ethnicity _____

Address: _____ City _____ Zip _____

Name of Parents/ Guardians _____ Email: _____

Mothers Cell# _____ Fathers Cell# _____

Shirt Size (Circle One): YXXS / YXS / YS / YM / YL / AS / AM / AL / XL / 2XL

How did you hear about this program: Paper / Facebook / Text Message / School / Friend / YMCA Staff

PARTICIPATION WAIVER: I certify that this child is in normal health and capable of participating in the YMCA youth athletics. I do acknowledge the risk of injury is possible. I grant permission for my child to play and in doing so I hereby release any and all rights and claims for injuries and damages I may have against the YMCA their Board, Manager, Employees, Officials, Volunteers and Coaches. If medical attention is required, I give my permission for such medical care when either I or the emergency contact person cannot be notified. I understand that the YMCA does not carry accident insurance on league participants. I agree that the YMCA may photo or videotape my child and use it for their promotions. I agree to receive text message from remind with updated on league information. Parents are responsible for providing transportation for their child to and from practice and games.

SIGNATURE: _____ DATE: _____

COACHES & VOLUNTEERS NEEDED

Please Circle One: Head Coach Assistant Coach Referee/ Umpire (Shirt Size _____)

Registered By _____ Amount Paid \$ _____