



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. 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 \$ _____