

2010 Youth Summer Basketball League Registration

9-10 _____

11-12 _____

13-15 _____

Age: _____

Age As Of September 1, 2010: _____

Name: _____ Sex: Male _____ Female _____

Date of Birth ____ / ____ / ____ Parent's Names: _____

Mailing Address _____ City, State, Zip _____

Phone #'s Mother:(home) _____ Father:(home) _____

(work) _____ (work) _____

E-mail: _____

Emergency Contact:(Name) _____ Phone#: _____

List any medical or physical conditions or restrictions: _____

T-shirt Order: One T-shirt is included in the registration fee. If you are in doubt about your child's T-shirt size, please order a larger size. We will not reorder shirts after they have been handed to your child.

Please indicate T-shirt size:

Youth

Small (6-8) _____ Medium (10-12) _____ Large (14-16) _____

Adult

Small(34-36) _____ Medium(38-40) _____ Large(42-44) _____ X-Large(46-48) _____

XX-Large _____ XXX-Large _____

Refund Policy: No refunds will be given after the first day of the program. If you have a problem, please contact the Y before 9 p.m. on the first day of the program(329-9622 ext. 235).

Release Statement

. I hereby certify that my child is in normal health and capable of safe participation in the YMCA Youth Sports Program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parents and emergency contact cannot be reached. In return for my child being allowed to participate in the YMCA Youth Sports Program, I agree to in no way hold the YMCA, employees, sponsors, or affiliates liable from all present and future claims that may be made by participant, family, or me. I understand that participation in this program involves certain risks, including but not limited to serious injury. I am voluntarily allowing my child to participate in this program with knowledge of the danger involved and agree to all risks of such participation. I authorize the YMCA to take pictures of my child for promotional purposes only. I understand that the photos will not be accompanied by my child's name.

Parent's Signature: _____ Date: _____

YMCA Registration Information

() YMCA Member - \$40.00 fee () Non-member - \$65.00 fee

Date: _____

Amount paid: _____

Front Desk: Please have the form filled out completely and place in Michael's box.