



YMCA Youth Sports Basketball 2018 Registration

Amount pd. _____
Rec # _____
Staff _____

Child's Name _____

Child's Date of Birth (Month/Day/Year): ___/___/___ Child is: Male Female

___ Little Dribblers (3-5 yr olds) ___ Youth Basketball (6-8 yr olds)

Best night for practice: ___ Monday practices ___ Thursday practices

**Please check which parent to contact about scheduling.

___ Father's Name _____ Phone _____

___ Mother's Name _____ Phone _____

Mailing Address _____

E-Mail Address _____ Home Phone _____

***We will use email to communicate with parents, so please give us an email address that you will check frequently.

Jersey Size: Youth XS (4/5) Youth S (6/8) Youth M (10/12) Youth L (14/16)

Please provide information about any medication, condition or allergies your child has that would be important for us to know about as we plan for this season.

Permission and release Statement:

(Name of child) _____ (the registrant) has my permission to play in the Stanly Co. Family YMCA Sports Program.

* Recognizing the possibility of physical injury associated with participation in this activity, I hereby release, discharge, and/or otherwise indemnify any affiliated organizations, sponsors, employees and associated personnel (including the owners of facilities utilized for the program) against any claim by or on behalf of the registrant as a result of his/her participation in the program and/or to or from the same, which transportation I hereby authorize.

* I further release, discharge, and agree to hold harmless and indemnify the coaches of the Registrant's team from any and all liability, claims or demands arising from participation in the program, specifically to include any and all claims for personal injuries sustained while present or participating in said program.

* I understand that my participation in this activity requires that my child be in sound physical condition, and I assume responsibility for his/her condition. In addition, in my absence I do hereby authorize the coaches or designated adults of the registrant's team, if after a reasonable attempt has been made to reach a parent or guardian (or if sound medical practice decrees that there is not time to make such an attempt) to consent to any medical treatment or examination deemed necessary by a licensed, qualified physician.

* I give permission to the Stanly County Family YMCA to use pictures or videos of my child as a program participant in promotional literature/media published and used by the YMCA.

* I understand that refunds will not be given.

Parent or Guardian Signature: _____ Date: _____

Staff Witness: _____ Date: _____

SIGN UP TO BE A COACH OR AN ASSISTANT COACH! YOU ARE NEEDED!

Name: _____ t-shirt size: _____

Would you be willing to provide a scholarship for a child, if needed? ___yes ___no

Would you be willing to sponsor a team for \$250? ___yes ___no



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Parent/Family T-shirts

Would you like a t-shirt proclaiming to everyone who your athlete is? For only \$15 we can order one for you (\$3 extra sizes XXL and larger). Complete the form below and return, with payment, to the Y by Saturday, December 16th. **Please note that this will be the only parent/family t-shirt order placed, so order today!**



Front



Back

Parent/Family T-shirt Order Form

Orders must be returned with payment to Y by Monday, March 24th.

Parent Name _____

T-shirt size: (circle one) YS YM YL AS AM AL AXL AXXL (\$3 extra)

Player's Name _____

_____ 's Mom or _____ 's Dad

_____ 's Sister or _____ 's Brother

_____ 's (other) _____

Pd date _____ Rec # _____ Staff initials _____