# 2017 YMCA Basketball

**www.ymcatricities.org**

| Basketball | |
|---|---|
| **Ages** | 3-10 |
| **Season** | October 28-December 16, 2017 \| No Games Thanksgiving Weekend |
| **Team Registration** (For coaches submitting rosters of 1 player or more) | September 11-15, 2017 |
| **Y-Member Registration** | REGISTER ONLINE or IN OFFICE: September 18-22, 2017 |
| **Community Registration** | IN OFFICE ONLY: September 25-29 |
| **Fee** | $28/Y-Members \| $42/Community |

## CHILD 1

| First Name | Last Name | Date of Birth | Age | Gender |
|---|---|---|---|---|
| | | | | |

**T-Shirt Size**

☐ **X-Small (2-4)** ☐ **Small (6-8)** ☐ **Medium (10-12)** ☐ **Large (14-16)** ☐ **Other ____**

**You may choose a preferred coach or request to play with a buddy (please check one box below)**
***If you are requesting a buddy, that buddy must also request to play with you. You both must also choose the same location. If the same location is not chosen, your preferred location will supersede your buddy request.***

☐ **Coach Preference** ☐ **Play with a buddy**

**Name of Preferred Buddy/Coach**

## CHILD 2

| First Name | Last Names | Date of Birth | Age | Gender |
|---|---|---|---|---|
| | | | | |

**T-Shirt Size**

☐ **X-Small (2-4)** ☐ **Small (6-8)** ☐ **Medium (10-12)** ☐ **Large (14-16)** ☐ **Other ____**

**You may choose a preferred coach or request to play with a buddy (please check one box below)**
***If you are requesting, that buddy must also request to play with you. You both must also choose the same location. If the same location is not chosen, your preferred location will supersede your buddy request.***

☐ **Coach Preference** ☐ **Play with a buddy**

**Name of Preferred Buddy/Coach**

## CHILD 3

| First Name | Last Name | Date of Birth | Age | Gender |
|---|---|---|---|---|
| | | | | |

**T-Shirt Size**

☐ **X-Small (2-4)** ☐ **Small (6-8)** ☐ **Medium (10-12)** ☐ **Large (14-16)** ☐ **Other ____**

**You may choose a preferred coach or request to play with a buddy (please check one box below)**
***If you are requesting, that buddy must also request to play with you. You both must also choose the same location. If the same location is not chosen, your preferred location will supersede your buddy request.***

☐ **Coach Preference** ☐ **Play with a buddy**

**Name of Preferred Buddy/Coach**

## PARENT/GAURDIAN

| Address | Apt | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Parent 1 Name | Parent 2 Name |
|---|---|
| | |

| Primary Phone | Work Phone | Emergency Phone | Cell Phone |
|---|---|---|---|
| | | | |

**Email**
**We do not share or sell your information**

☐ **Sign me up for the Y-Buzz monthly email newsletter** ☐ **I am already receiving the Y-Buzz** ☐ **No Thank you**

**Participation/Liability Release:** I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen. Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.
**Insurance:** It is the responsibility of every individual, their parent/legal guardian, to provide for their own accident and health coverage while participating in YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.
**Medical Treatment:** If a parent/guardian cannot reasonably be located when my child requires medical attention, I hereby authorize the YMCA to transport my child and consent to any medical and/or surgical treatment of the above named participant that such staff or medical personnel deem advisable or necessary. I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary.
**Permission**: I give the YMCA permission to use, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting YMCA programs without limitation, compensation or obligation.
**I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form.**

| Parent/Legal Guardian Signature | Date |
|---|---|
| | |

## SCHOLARSHIP ASSISTANCE

No child will be turned away due to their family's inability to pay. Financial assistance is available to the extent possible thanks to the YMCA Strong Kids Campaign. Contact the YMCA for assistance. Applications are available at the YMCA office and online.

## I WANT TO HELP KIDS PARTICIPATE

Please accept my tax deductible donation to the YMCA Scholarship Fund to ensure all kids in our community can participate, regardless of financial circumstances.

☐ $5 ☐ $10 ☐ $25