



# 2022-2023 Youth Basketball Registration Form

Players Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Gender: Male or Female Childs Race/Ethnicity \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parents / Guardians \_\_\_\_\_

Emails: \_\_\_\_\_

Mothers # \_\_\_\_\_ Fathers I# \_\_\_\_\_

**Player's Shirt Size (Circle One):** YXS / YS / YM / YL / AS / AM / AL / AXL

**School / Coach / Player Requests** – Requests are considered but not guaranteed. Please rank order your selection.

**Preference #1 (Circle One)** school / coach / player \_\_\_\_\_

**Preference #2 (Circle One)** school / coach / player \_\_\_\_\_

**Preference #3 (Circle One)** school / coach / player \_\_\_\_\_

**\*\*Practices\*\*** Team practice days and times will be decided by each team and their coach once registration has ended and teams have been split. Ages 3-4 year old will only practice twice prior to the season beginning. All other age groups will have 1 practice per week with weekly reserved space in a YMCA gym. Practices are for development only and are not mandatory for player participation in games.

**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.

**Parent / Guardian Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Coaches and Volunteers Needed

**Please Circle One:** Head Coach Assistant Coach Team Parent

Name of person willing to volunteer \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

**Thank you for registering for YMCA Youth Sports!**