



FOR YOUTH DEVELOPMENT, FOR HEALTHY LIVING, FOR SOCIAL RESPONSIBILITY

Winter/Spring Season

Spring/Summer Season

AGE GROUP (Please check Player's age group)

- Pee Wee Division: (Boys & Girls: 7-10 years old)
- Midget Division: (Boys & Girls: 11-14 years old)

ASSESSMENTS (Please select one)

December 19th 2017

- Pee Wee 6PM-6:30PM
- Midget 6:45PM-7:15PM

December 20th 2017

- BOTH DIVISIONS 6PM-6:30PM

IF UNABLE TO ATTEND ASSESSMENT DAY PLEASE PROVIDE BRIEF INFORMATION ABOUT EXPERIENCE LEVEL:

PLAYER'S INFORMATION (PLEASE PRINT)

_____ / ____ / _____
 Date of Birth

_____ / _____ / _____
 Player's Name

_____ / _____ / _____
 Home Address City Zip Code

_____ / _____
 Name of Parent/Guardian Contact Phone #

EMERGENCY CONTACT INFORMATION

_____ / _____
 Name of emergency contact Emergency contact phone #

UNIFORM \$45 (PLEASE CHECK A SIZE)

- Youth Small
- Youth Medium
- Youth Large
- Youth X-Large
- Adult Small
- Adult Medium
- Adult Large
- Adult X-large

*****NO REQUEST WILL BE ACCEPTED AFTER ENROLLMENT DEADLINE*****

COACH REQUEST

BUDDY REQUEST

*****PLEASE READ CONDITIONS OF TEAM PLACEMENT*****

Parents and Players: please be advised that The Y of West San Gabriel Valley, Y-Basketball program will make every effort to accommodate the requests of Parents and Players for certain Coach(s) or Buddies. In the interest of fair play and good sportsmanship, the Y-Basketball program must ensure that all teams are evenly matched. We believe in creating a fun learning environment for all our basketball players.

Parent's Signature

Date

Emergency Form

1. Child's Physician

Name: _____ Phone No.: (____) _____
Address: _____ City: _____ Zip: _____

2. Family Medical Insurance

Name of Parent covered by Insurance: _____
Insurance Company: _____ Policy #: _____
Insurance Company: _____ Phone No.: (____) _____
Employer: _____ Phone No.: (____) _____
Address: _____ City: _____ Zip: _____
Ongoing Serious illnesses and/or past accidents: _____
List any medication or food allergies your child has: _____
Describe any physical conditions that may impact your child's ability to engage in all activities:

List any medication(s) your child take(s) regularly: _____

Permission for Medical Treatment

In case of an emergency I authorize the YMCA of West San Gabriel Valley under the direction of the CEO to call 911. Dispatching paramedics to transport my child to the nearest hospital emergency room for such treatment and measures as are deemed necessary for the safety and protection of my child at my expense.

Signature of parent or authorized representative

Date

Photography Release Form

I, _____, Parent/Authorized Representative of _____
Hereby authorize and consent to the use of his/her visual image by the YMCA of West San Gabriel Valley for appropriate purposes, such as promotion of the YMCA, including but not limited to: still photography, videotape, electronic and print publications, and websites. I give this consent with no claim for payment.

Signature: _____ Date: _____

The Y of West San Gabriel Valley

MEMBER/CHILDREN RELEASE and WAIVER OF LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of West San Gabriel Valley (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA of West San Gabriel Valley, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry onto the YMCA of West San Gabriel Valley's facilities for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA OF WEST SAN GABRIEL VALLEY FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH WEST SAN GABRIEL VALLEY YMCA, THE UNDERSIGNED HEREBY AGREE TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA of West San Gabriel Valley and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned of such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of West San Gabriel Valley .Initial_____
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost that may, incur due to the presence of the undersigned or such children in, upon or about the YMCA of West San Gabriel Valley premises or in any way observing or using any facilities or equipment of the YMCA of West San Gabriel Valley or participating in any program affiliated with the YMCA of West San Gabriel Valley whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the West San Gabriel Valley and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA of West San Gabriel Valley .

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____ Signature of Applicant/Parent: _____

	PROGRAM FEE	AMOUNT PAID	DATE PAID	STAFF INITIALS
Community	\$170.00			
Facility	\$145.00			
Uniform	\$45.00			