



SPRING LITTLE PAL BASKETBALL REGISTRATION FORM 2017



PLEASE CIRCLE ONE:

11 Years Old

12 Years Old

13 Years Old

14 Years Old – Graduating Winter Player

TEAM LAST YEAR _____

PLAYER NAME _____

AGE AS OF 12/31/17 _____

PHONE NUMBER _____

BIRTHDATE _____ RACE _____

ADDRESS _____

PARENT 1 NAME _____ RELATION _____ PARENT 2 NAME _____ RELATION _____

WORK/CELL NUMBER _____

WORK/CELL NUMBER _____

BEST TIME TO REACH YOU _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT PERSON: (Other than guardian listed above)

NAME: _____ PHONE NUMBER _____ RELATIONSHIP TO CHILD _____

ALLERGIES/MEDICAL PROBLEMS/ SPECIAL CONCERNS:

T-SHIRT SIZE (Circle one): Youth S M L XL / Adult S M L XL

PARTICIPATION/INSURANCE/PHOTO & VIDEO WAIVER

In consideration of the Naugatuck YMCA permitting my child to participate in this league, I hereby for myself, my heirs, administrators and assigns waive and release any and all rights and claims of any nature I may have against the Naugatuck YMCA and any organizations connected with this league, their representatives, successors, and assigns for any and all injuries or damages of any nature my child may suffer while taking part in any activities connected with this league.

I also acknowledge that the YMCA is not responsible for primary medical insurance coverage and agree to take full responsibility for fees and cost incurred in the event my child is injured while participating in the league. The YMCA recommends that all participants have a physician's approval before participation in physical activity or sport.

I hereby give the Naugatuck YMCA, or those for whom it is acting the absolute right and permission to take, copyright, use and publish photographs and videos in any and all media of my child(ren) in purposes of YMCA art, advertising, education, promotion or any other purpose consistent with the YMCA mission.

PARENT/GUARDIAN SIGNATURE

DATE

WOULD YOU BE INTERESTED IN BEING A LITTLE PAL VOLUNTEER YES NO NAME (IF INTERESTED) _____

FULL PRIVELEGE MEMBER _____ PROGRAM MEMBER _____ NON-MEMBER _____

FEE CHARGED _____ DATE _____ STAFF _____