



SPRING LITTLE PAL BASKETBALL REGISTRATION FORM 2018



PLEASE CIRCLE ONE:

11 Years Old

12 Years Old

13 Years Old

14 Years Old – Graduating Winter Little Pal Player

PLAYER NAME _____

AGE AS OF 4/1/18 _____

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

Use of the YMCA facilities and participation in sports or other physically demanding activities inherently exposes the participant to a certain degree of risk of personal injury, illness, and other adverse medical consequences. The YMCA is not an insurer of a member's life or personal safety. No member will engage in activities which require a level of physical fitness exceeding the member's physical condition or abilities, as determined by the member. Every member assumes the risk of personal injury, illness, or other conditions arising out of or related to the member's activities on YMCA premises and releases the YMCA, its Directors Officers, Agents, and Employees from all claims, actions, or liability on account of such causes.

I am an adult over 18 years old of age and wish to participate in Naugatuck YMCA membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA 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, the undersigned, for himself or herself 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 inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my children permission to participate in Naugatuck YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA, its staff director's members and guests. I have read, understand, and am voluntarily signing this authorization and release.

I understand that the Naugatuck YMCA is not responsible for personal property lost, damaged or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the Naugatuck YMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purpose of promotion or interpreting YMCA programs.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

The YMCA conducts regular sex offender screening on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

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 _____