Santa Barbara Family YMCA 36 Hitchcock Way Santa Barbara, CA 93105 (805) 687-7720 X261
Aaron Martinez

2012 YOUTH BASKETBALL LEAGUE REGISTRATION

PLEASE COMPLETE BIRTHDAY:_____ AGE: _____

PARTICIPANT'S NAME:_____ SEX: *MALE*_____ *FEMALE*_____

ADDRESS:_____ CITY:_____ ZIP:_____

HOME PHONE #:_____ SCHOOL:_____ GRADE:_____

FATHER'S NAME:_____ MOTHER'S NAME:_____

BUSINESS PHONE #:_____ BUSINESS PHONE #:_____

EMERGENCY CONTACT:_____ RELATIONSHIP:_____

HOME PHONE #:_____ BUSINESS PHONE #:_____

EMAIL: _____

UNIFORM SIZES, PLEASE CIRCLE ONE		
YOUTH SMALL	YOUTH MEDIUM	YOUTH LARGE
ADULT SMALL	ADULT MEDIUM	ADULT LARGE

CIRCLE DAY(S) OF WEEK YOU ARE AVAILABLE FOR PRACTICE *(not guaranteed)*				
MON.	TUE.	WED.	THU.	FRI.

PARENTS: We really need adults to serve in several key areas. Please provide your name and indicate where you will be able to assist. Thank you for making this basketball league so successful.

NAME:_____ COACH_____TEAM PARENT_____SCORE TABLE _____

I hereby certify that _____is in normal health and capable of participating in the YMCA Youth Basketball Program.

The YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries, or accidents will be the responsibility of the participant.

In case of sickness or accident, the Santa Barbara Family YMCA has my authorization to secure such medical attention as deemed necessary, at my expense, if unable to communicate with me immediately.

SPECIAL REQUESTS
(*Due to high volume, team requests are not guaranteed. All requests must be reciprocal.)*

PLEASE INDICATE YOUR CHILD'S EXPERIENCE LEVEL AND SEASONS PLAYED

BEGINNER **INTERMEDIATE** **ADVANCED** **SEASON PLAYED: _____**

For Front Desk Staff Use Only:

Date	Receipt	Total Paid	Initials
_____	_____	_____	_____