



Ventura Family YMCA

Youth Sports Supplemental Registration Form—Fall Youth Basketball 2011

Please Circle Appropriate Division:

Pee Wee (3 yrs) Itty Bitty (4 - 5 yrs) Division 1 (6 - 7 yrs) Division 2 (8 -10 yrs) Division 3 (10 - 12 yrs)

Circle Jersey/Shirt Size:

YOUTH SMALL (6/8)	YOUTH MEDIUM (10/12)	YOUTH LARGE (14/16)	ADULT SMALL	ADULT MEDIUM	ADULT LARGE
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PARENTAL AGREEMENT (PLEASE PRINT CHILD'S NAME AND SIGN BELOW EVEN IF YOU ARE NOT VOLUNTEERING)

- I hereby certify that my child _____ is in normal health and capable of participating in the YMCA program.
- I, as parent or guardian, am willing to participate as a volunteer in support of this program.
(Please circle one if you are able to. Training will be provided)

Coach Co-Coach Assistant Coach Team Parent Bring team snacks

Please Sign _____ Parent or Guardian Signature _____ Please Print Name _____

<p>How did you hear about our league? Flyer inside YMCA _____ Banner on YMCA building _____ Mailing _____ Email _____ Friend/Family _____ Past Participant _____ Other (please explain) _____</p>	<p>I would like my child to be on the same team/practice squad as: _____ (The YMCA will try its best to accommodate "buddy" and coach requests, however we will not allow more than one "buddy" or coach request per person and both parties must request each other)</p>
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Practice day availability [Divisions 1 & up only] - My child CANNOT practice on the following day(s): (Please list only the day(s) that your child absolutely cannot make a 30 minute team practice. The YMCA will try its best to work with parent schedules so that all children will be able to attend a weekly practice.)

Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____	Saturday _____
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Ventura Family YMCA
 3760 Telegraph Rd. Ventura, CA 93003 *(805) 642-2131 (805) 642-1137 FAX* www.venturaymca.org

(Please turn this sheet over and fill out the other side)

Channel Islands YMCA

Santa Barbara, Montecito, Ventura, Camarillo, Lompoc, Santa Ynez & Youth and Family Services

Consent to Treatment, Photographic Release, Insurance Disclaimer

Participant's Name: _____

Participant's Age: _____ **Birthdate:** _____

Mother's Name: _____ **Cellular #:** _____

Father's Name: _____ **Cellular #:** _____

Emergency Contact: _____ **Phone #:** _____
(Other than parent)

Consent To Emergency Medical and Dental Treatment (Please check appropriate box below.)

As the parent [], domestic partner defined by State of California [], or authorized representative or legal guardian [], I hereby give consent to Channel Islands YMCA, and its employees and volunteers to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for the above named participant. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Photographic and Video Release

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give Channel Islands YMCA, its volunteers, employees and any other person and entity acting with its permission the right to take, copyright, use, and publish any photographs or video of me or my child/children for the purpose of any YMCA advertising, promotion, or other purpose consistent with the YMCA mission.

I agree that any such photograph or video is the property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any right to inspect or approve any printed or electronic material that may be used in conjunction with the photographs or video, or to approve the use to which the photographs or video may be applied.

Insurance Disclaimer

Channel Islands 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 and his or hers parents or guardians.

List all allergies including reactions to medications: _____

List any fears that your child has: _____

I have read, understand and accept the above conditions.

(Print)

(Sign)

Date: _____

April 2009