

Triunfo YMCA
31225 La Baya Drive #106
Westlake Village, CA 91362
(818) 706-0993
Fax: (818) 706-0282
www.triunfoymca.org

Spring Basketball Registration Form

TRIUNFO YMCA BASKETBALL LEAGUE

PLEASE PRINT CLEARLY ALL INFORMATION

PLAYER INFO

First Name _____ Last Name _____ Boy Girl Player's Height: Ft. ____ In. ____
Player's Street Address _____ City _____ Zip _____
School _____ Current Age _____
Player's Date of Birth: (MM/DD/YY) _____

Does Player participate in Club Sports Program(s): Y/N ____ Indicate the Sport(s): _____

ENROLLING PARENT INFO

Mr. Dr. Ms. Mrs. Last Name _____ First Name _____ Initial ____
Street Address _____ City _____ CA Zip _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

OTHER PARENT INFO

Mr. Dr. Ms. Mrs. Last Name _____ First Name _____ Initial ____
Street Address _____ City _____ CA Zip _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred E-mail Address for League/Team Notices: _____ (print legibly)

COST INFO

YMCA REFUND POLICY

100% minus \$25 processing fee before the start of the season; 50% after 1st game;
No refund after 3rd game; Membership is non-refundable and non-transferable

\$160 per player plus Youth Membership- \$40 per child or Family Membership- \$80 per family

Parental Code of Conduct

I acknowledge that I have received, read and agree to the guidelines and policies included in the YMCA BASKETBALL LEAGUE Program Manual and that as the responsible parent and/or guardian as well as primary role model for my child/children, I agree to demonstrate in my actions and language the code of conduct and league standards described in the Program Manual. I commit to supporting with my child/children the YMCA's Four Core Values of: Honesty, Respect, Responsibility and Caring. If I do not consistently demonstrate the conduct becoming to the YMCA BASKETBALL Program Guidelines, I understand that I may be expelled from the league at any time.

Parent/Guardian's Signature

Date

Medical Release Statement

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the YMCA staff person present to hospitalize and/or to provide necessary medical attention for my child as named above. I give permission for my child to engage in supervised activities during the session(s) that I have registered for above. I also give my permission for the YMCA to use photos, slides, or videotaped material of my child or family for promotional purposes. I understand that the Triunfo YMCA does not carry primary health or accidental insurance on its members or participants. Expenses incurred in the treatment of illness or injuries are the responsibility of the participant and his or her insurance carrier.

Parent/Guardian's Signature

Date

Volunteerism is encouraged at the YMCA. Mark below to indicate your willingness to serve.

Head Coaching Assistant Coaching Parent Advisory Council Referee Scorekeeper

Mentors, manuals, clinics, and moral support available. Screening and Fingerprinting required

Boy or Girl Grade: ____

Shirt Size: Adult Youth

Circle One: SM MD LG XL

League Use Only: Membership # _____ Receipt # _____ Amount Paid: _____ Check No. _____