

Miller Family YMCA
320 Via Las Brisas
Newbury Park, CA 91320
805-480-0309 phone
805-480-0319 fax
www.sevymca.org

Registration Form Basketball

Miller Family YMCA

PLEASE PRINT ALL INFORMATION CLEARLY

PLAYER INFORMATION

First Name _____ Last Name _____ Boy Girl Player's Height: Ft. ____ In. ____
Player's Street Address _____ City _____ Zip _____
School _____ Current Grade _____ Age _____
Player's Date of Birth: (MM/DD/YY) _____ Shirt/Short Size: Adult Youth (**Circle one**) SM MD LG XL

Has your child played Basketball before? Y/N ____ What is his/her skill level 1 – 10? _____

ENROLLING PARENT INFORMATION

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

OTHER PARENT INFORMATION

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 INFORMATION

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

- **\$120 League Fee**

\$40 Program Membership required if not a current YMCA member

Parental Code of Conduct

I acknowledge that I have received, read and agree to the guidelines and policies included in the YMCA Basketball 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

Photograph Release

Permission is granted for any photographs of my child taken during his/her participation in the Miller Family YMCA Basketball Program. These may be used for YMCA purposes that include publicity. Further, I give permission for these photographs to be used without compensation.

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 Miller Family 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

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