



North Central YMCA Basketball Registration

5201 NW 34th Blvd Gainesville, FL 32605

Website: www.ncfymca.org/sports Email: sports@ncfymca.org

Name of child _____ Date of Birth _____

Age _____ Gender _____ Jersey Size (Youth Small , Medium, Large, Adult Small Adult Medium)

Names of Siblings Participating in YMCA Basketball _____

Each child MUST have a separate registration form completed by a parent/guardian

Parent/Guardian Name _____ Cell# _____

Email _____ YMCA Member? Yes / No

Address _____ Parent D.O.B _____

Parent/Guardian Name _____ Cell# _____

Email _____ YMCA Member? Yes / No

Address _____ Parent D.O.B _____

Emergency Contact (Name) _____ Cell # _____

DISCOUNT TO COACH OR REFEREE:

I am interested in volunteering as a coach to receive a 50% discount. **Yes / No**

I agree to fill out a background check form to volunteer as a coach or referee. This offer is first come first serve due to limited spots available.

CHECK THE APPROPRIATE BOX BELOW:

YMCA MEMBERS- **Regular Registration - \$70**

NON- MEMBERS- **Regular Registration- \$90**

Please list any medical problems, including any required maintenance of medication (i.e. Diabetic, Asthma, Seizures). Indicate None if applicable. _____

Is your son/daughter presently being treated for an injury or sickness, or taking any form of medication for any reason? _____

Please read and sign your name on each line below to indicate that you agree with the terms:

MEDICAL RELEASE: I understand that I will be notified in the case of a medical emergency involving my son/daughter. In the event that I cannot be reached, I authorize the providing of any/all necessary medical services in the event my son/daughter is injured or becomes ill. Furthermore, I understand that the YMCA and affiliates will not be responsible for any medical expenses incurred, but that such expenses will be my responsibility as a parent/guardian. Please sign your name on the line provided that you understand and accept responsibility. _____

CODE OF CONDUCT AGREEMENT: All players are expected to show respect to the staff, other participants, and the equipment. The YMCA reserves the right to discuss any situation that may arise, and pending the severity of the circumstances, may also dismiss players for all/part of the program without a refund. Please sign your name on the line provided to indicate that you understand and agree. _____

PRACTICE & GAME SUPERVISION POLICY: I understand that parents/guardians and/or a designated adult must be present during practices and games and children may not be dropped off without parental or other adult supervision designated by a parent/guardian. If this policy is disregarded on more than one occasion, your child may not be able to continue participation in the YMCA Basketball league. Please sign your name on the line provided to indicate that you understand and agree. _____

PAYMENT: After completing this registration form, I agree to remit payment to the North Central YMCA as outlined in this form. I also understand and agree that there are NO REFUNDS for payments remitted regardless of the circumstance. Payments include participation in the YMCA Basketball league as well as a Basketball jersey for your child(ren). Please sign your name on the line provided to indicate that you understand and agree. _____

I give my child permission to participate in the YMCA sports programs. I understand that the YMCA does not carry accident insurance and I agree to use my personal insurance if needed. By the very nature of sports and athletic activities, there is risk of physical injury and even death. I agree not to hold the YMCA or its staff, board of directors, volunteers, or sponsors responsible for injuries, accidents, and/or death resulting from participation in YMCA sports and I authorize the YMCA or its staff to obtain medical care in the event of injury or accident if a parent/guardian is unavailable to give permission. Please sign your name on the line provided to indicate that you understand and agree. _____

I have reviewed the YMCA sports website regarding times, dates, registration payment, & rules for the YMCA Basketball Season. Also, I agree to all terms outlined in this document and permit my son/daughter to participate. Please sign your name on the line provided to indicate that you accept and agree. _____