



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth Basketball Fall 2011 Season

Program Fees

____ **Member - Kraft/Triangle Member: \$85**

____ **Program Participant: \$103**

(Cost includes jersey, trophy and 7 week season)

What league am I registering for? Check one

____ U5 Coed – Born between 8/1/06 – 7/31/07

____ U6 & U7 Coed – Born between 8/1/04 – 7/31/06

Space will be limited, so register early.

Played in Fall '10 league– Yes No
Team: _____

Do you have a Player/Coach request?

Each participant is limited to **one personal request**. Requests may be honored but are **not guaranteed**.

Players Shirt Sizes

Shirt: YS YM YL AS AM AL AXL Circle One

Practice Nights (for U6 and above only)

You may list **only one night** that your child is **not available**

Player's Assessment

Height _____ Weight _____

Does your child know the basic rules of basketball?

Yes No

Rate your child's running ability:

Above Avg. Average Below avg.

Rate your child's basketball playing ability:

Above Avg. Average Below avg.

Registrations must be returned in person to the Kraft Family YMCA at 8921 Holly Springs Rd. in Apex, 657-9622.

Volunteer Opportunities: (space will be determined by the number of coaches we have; so please consider being a coach) Coach's players will receive priority with registration.

Volunteer Opportunities

Head Coach? Yes No Maybe

Name/email of interested parent _____

Assistant Coach? Yes No Maybe

Name/email of interested parent _____

Being a team sponsor? Yes No Maybe

Name/email of interested parent _____

Being a Team Parent? Yes No Maybe

Name/email of interested parent _____

Participation Agreement

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons and parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property.

Sportsmanship

I understand that this YMCA Sports program is an instructional and fun league representing positive values and good sportsmanship. I will support the YMCA goals, as well as the coaches, referees, and staff in teaching these values.

Photography

I permit the YMCA to use pictures of me as a program participant in promotional literature, promotional videos, and the YMCA website, which are published and used by the YMCA. I understand that my child's name is not published.

Accident Insurance

Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.

Cancellation Policy

A cancellation form must be filled out at the front desk of the Kraft Family YMCA two weeks prior to the session start date in order for a refund to be issued. **There is a \$15.00 non-refundable registration fee.** Non-attendance does not entitle you to a refund. This includes failure to attend due to illness, vacation, or inclement weather. Refunds are not granted after the program has occurred. Refunds are processed at the end of the month. Program fees are not transferable from one participant to another, from one program to another, or from one YMCA to another.

Payer Signature

_____ Date _____

Youth Sports Registration Form

Participant ID # _____ Participant Full Name _____ (required)
First MI Last

Name on trophy _____ (default will be above if nothing is noted here)

Address (if different from Payer) _____ City _____ State _____ Zip _____

DOB ____/____/____ Female Male

Program: _____ Age _____ Grade _____ (if applicable)

Payer ID # _____ Payer Name _____ Female Male

Address _____ City _____ State _____ Zip _____

Contact Information

Father Name _____ Home _____ Cell _____

Mother Name _____ Home _____ Cell _____

Contact Email _____ **this email address will be used by coaches and team parents.**
Providing email address authorizes the use of email for program information.

Emergency Contacts or Program Pick Up Names

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Special Needs (Medical Needs/Medications/Concerns)

Staff Initials: _____ Date Received: _____