

U-8

Coed Youth Basketball League

Fall '09

Ages 6-7 as of 9/01/09

Name _____ Male __ Female __

Age _____ Date of birth ___/___/___

Shirt Size (Please circle) YS, YM, YL, AS, AM, AL, AXL

Friend Request: _____

Parent's name(s) _____

Home phone _____ Cell phone _____

Work phone _____ E-mail _____

Address _____

City _____ Zip _____

I know my child's physical condition and give my consent for him/her to participate in the YMCA Basketball Program. I shall not hold the YMCA, its employees or its volunteers responsible for any injury to my child while he or she is engaged in activities related to the YMCA Basketball Program. I further understand that there is no accident/medical insurance provided by the YMCA for my child. I will assume all responsibility for payment of any accident/medical-related expenses.

Parent/Guardian Signature _____ Date _____

I would like to volunteer: Head Coach _____ Assistant Coach _____
Name _____ Phone _____ E-mail _____

Must Be Completed! Height ___ ft ___ in Seasons played _____ Position played _____

Skill Level (choose one) __Advanced (for age) __Average __Beginner