

YBASKETBALL™

We build strong kids, strong families, strong communities.

NOTE: Faxed Registration Forms will not be accepted.
INCOMPLETE registration forms will not be accepted.

Office Use Only:

Team _____

Age _____

Gender _____

Decatur-DeKalb YMCA, 1100 Clairemont Ave., Decatur, GA 30030 Phone: 404-377-9622 Website: ddy.ymcaatlanta.org.

Participant' Name _____ Date of Birth: ____/____/____ Age ____ Female Male

Parent/Guardian's Name 1: _____ Phone # _____

Parent/Guardian's Name 2: _____ Phone # _____

Parent/ Guardian's E-mail Address _____

Please provide a current and legible email address to receive up to date information.

Please list any allergies or medical conditions that we should be aware of: _____

MEMBERSHIP INFORMATION: (Membership is mandatory: registration will not be accepted if membership is not current.)

Type of Membership: Facility or Program Household ID # _____

Are you a member of another Metro Atlanta YMCA Branch? If yes, which one: _____

REGISTRATION INFORMATION: Check One

Cheerleading (Class ID: 15983, \$85/\$100)

Itty Bitty (3-4 yrs (Class ID: 15977, \$70/\$85) **6 & Under** (Class ID: 15978, \$75/\$90)

8 & Under (Class ID: 15979, \$75/\$90) **9-18 Male** (Class ID: 15980, \$80/\$95)

9-18 Female (Class ID: 15981, \$80/\$95)

Uniform Size: YS YM YL AS AM AL AXL AXXL AXXXL
(Uniform price is included in the cost of the program)

Donation - All donations are tax-deductible.

Yes, I'd like to donate \$75 to sponsor a child less fortunate in Basketball.

Yes, I'd like to donate \$ _____ to the YMCA Partner with Youth Fund.

Payment Information:

Program Fee: _____

Membership Fee: _____

Misc. Fee: _____

PWY Donation: _____

Total Due: _____

Payment Method:

Check Credit Card

TEAM / COACH / TEAMMATE Requests _____

I want to volunteer: (circle one) Coach Co-Coach Team Parent

Volunteer Name: _____ Home # _____ Cell # _____

Waiver:

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

Video & Photography Release:

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby _____grant/_____do not grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

Refund Policy: Our goal is to satisfy you! If at any time, during the first two weeks the program, you are not satisfied, contact your Program Director to receive a full refund. If the YMCA cancels a program a full refund will be given.

Our Mission: Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

Parent/Guardian Signature _____ Date Submitted _____

I have read and understand all of the policies listed above.

Office Use Only:

Membership Verified _____ Address Current _____ Phone Number Current _____ Emergency Contact Verified _____

Receipt # _____ Amount Paid \$ _____ Amount Due \$ _____ Staff Initials _____