



**VOLUNTEER  
COACHES  
NEEDED!!!  
PLEASE HELP!**

# YMCA BITTY



# BASKETBALL

**REGISTRATION RUNS**

**Nov. 27, 2023 – Jan. 6, 2024**

**Members - \$40  
Non-Members - \$60**

**Program Begins  
Saturday  
January 13th**

**NAME:** \_\_\_\_\_ / \_\_\_\_\_  
Last First

**ADDRESS:** \_\_\_\_\_ / \_\_\_\_\_  
Zip

**PHONE:** \_\_\_\_\_ **SEX:** M / F **Current Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_

**Parent E-Mail Address:** \_\_\_\_\_

### HEALTH INFORMATION

Does your child take any medication? No Yes Please Specify: \_\_\_\_\_  
Do your child have any allergies? No Yes Please Specify: \_\_\_\_\_  
Do you child have any disabilities/medical issues/injuries? No Yes Please Specify: \_\_\_\_\_

### EMERGENCY INFORMATION

**Emergency Contact:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

*WAIVER: I hereby certify that my child is in normal health and capable of safely participating in the Sport or Event named above. I understand that this activity is potentially dangerous and can result in injury, even under normal circumstances. My child is physically able to participate in the activity named above. I hold harmless the Geneva Family YMCA, any officer, volunteer or employee of, and all involved with participation in the above mentioned sport or activity. In the event that I am not able to make arrangements for emergency medical attention at the time of a illness or accident, I hereby authorize the Geneva Family YMCA to transport my child to the nearest medical facility for treatment deemed necessary.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date