



GENEVA FAMILY YMCA  
399 William Street  
Geneva, NY 14456

BITTY BASKETBALL  
  
K-1  
9:30 AM  
  
2-3  
10:30 AM

NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Goes by

ADDRESS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Zip code

PHONE \_\_\_\_\_ SEX: M / F AGE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

INTERESTED IN COACHING? \_\_\_\_\_

HEALTH INFORMATION

Are you on any medication? No Yes \_\_\_\_\_  
Please Specify

Do you have any allergies? No Yes \_\_\_\_\_  
Please Specify

Do you have any disabilities? No Yes \_\_\_\_\_  
Please Specify

EMERGENCY INFORMATION

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_

RELEASE

I hereby certify that I am in normal health and capable of safely participating in the PROGRAM named above. I understand that this activity is potentially dangerous and can result in injury, even under normal circumstances. I hold harmless the Geneva Family YMCA, any officer, volunteer or employee of the Geneva Family YMCA, and all involved with participation in the above mentioned activity. In the event that I am unable to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the Geneva Family YMCA to transport me to the nearest medical facility for treatment deemed necessary.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

Fee : Members \$25.00  
Non-Members \$45.00

Paid: \_\_\_\_\_