

Registration Form for 2026 Winter Basketball

CHILD'S NAME _____ Gender: M / F DoB: _____ Age: _____

Age Division Coed Kindergarten** 1st & 2nd 3rd & 4th 5th & 6th

Shirt Size (Expect to shrink) Youth [XS S M L] Adult [S M L XL]

Grade _____ School _____

Home Address _____ City _____ Zip _____

MOTHER'S NAME _____ DOB _____

Home Address _____ Home Phone (_____) _____

Place of Employment _____

Cell Phone (_____) _____ Work Phone (_____) _____

FATHER'S NAME _____ DOB _____

Home Address _____ Home Phone (_____) _____

Place of Employment _____

Cell Phone (_____) _____ Work Phone (_____) _____

BEST FAMILY CONTACT PHONE # (____) _____ - _____ FAMILY CONTACT E-MAIL _____

HELPFUL INFORMATION (Ex: cannot practice on Mondays, health issues, etc) _____

CONSENT FOR MEDICAL TREATMENT (MINOR), PUBLICITY, REFUND REQUESTS

Initial and sign to acknowledge that:

I will be responsible for my child's medical costs due to accident or illness.

I will hold the Kerr County YMCA and its directors, officers, employees, volunteers and agents harmless for incidents which may arise from participation in the Kerr County YMCA programs and activities, realizing that there are risks in these activities.

I give permission for photographs of my child(ren) to be used solely for publicity and training purposes by the Kerr County YMCA.

I understand all refund/credit requests must be done in writing and that only partial refunds will be given.

I will encourage good sportsmanship by my actions towards coaches, referees and YMCA Sports staff. Failure to do so may result in the loss of participation privileges.

Parent/Guardian Signature

Date

COACHING & VOLUNTEERS OPPORTUNITIES

YES!! I would like to participate as a volunteer: (circle one) OFFICIAL COACH ASST. COACH TEAM PARENT

YES!! I would like to be a Y-PARTNER and help sponsor another child: (circle one) \$10 \$25 \$50 \$100 OTHER _____

YES!! I would like to be a Y-PARTNER and sponsor my child's team for \$250. SPONSOR NAME: _____