

## Registration Form for 2026 Winter Basketball

CHILD'S NAME \_\_\_\_\_ Gender: M / F DoB: \_\_\_\_\_ Age: \_\_\_\_\_

Age Division Coed Kindergarten\*\* 1<sup>st</sup> & 2<sup>nd</sup> 3<sup>rd</sup> & 4<sup>th</sup> 5<sup>th</sup> & 6<sup>th</sup>

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: \_\_\_\_\_