



# YMCA

## 2022 ADULT BASKETBALL REGISTRATION FORM

NAME: \_\_\_\_\_  MALE  FEMALE \_\_\_\_ AGE  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WOULD YOU LIKE TO BE PLACED ON THE SAME TEAM AS ANOTHER PARTICIPANT?

PLEASE LIST NAME: \_\_\_\_\_

SHIRT SIZE: \_\_S \_\_M \_\_L \_\_XL \_\_2XL \_\_3XL

WOULD YOU LIKE TO BE TEAM CAPTAIN: \_\_YES \_\_NO

I recognize that participation in YMCA activities may expose me to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity at the YMCA or in its programs. In case of an emergency or accident if I am unable to be contacted, I hereby grant the YMCA director, or his/her agent, permission to secure proper medical treatment and transportation for my child to an appropriate facility for treatment. I give the YMCA permission to use my photo or likeness in future promotions of the YMCA's programs.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ Daxko Receipt #: \_\_\_\_\_