



REGISTRATION FORM

200 Carls Lane, PO Box 737, Scott Depot, WV 25560

OFFICE USE ONLY

Receipt# _____

Amount Paid \$ _____

Date _____ Staff Initials _____

www.tri-countyymca.org

757-0016

Participants Name _____ Male / Female _____

Date of Birth: Month _____ Day _____ Year _____ Age _____ *Must be 30+

Ethnicity: _____ White/Caucasian _____ Black/African American _____ Hispanic _____ Asian _____ Mixed _____ Other _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Emergency Contact Information

Emergency Contact #1: Name _____ Phone _____

Emergency Contact #2: Name _____ Phone _____

Special Requests/Health Needs: _____

Medication (s): _____

TEAM FEE: \$500.00

Team Name _____

I support the YMCA sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

WAIVER of LIABILITY

I hereby certify that my child is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that the parent(s), or guardian(s), or contacts cannot be reached.

PICTURE RELEASE: I DO / I DO NOT (circle one) give permission to have my picture appear in any media type coverage approved by the Tri-County YMCA.

SIGNATURE OF PARTICIPANT/GUARDIAN

DATE

5 on 5 Basketball

YMCA MISSION STATEMENT

To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all



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The participant assumes all risks associated with participation in the program, the YMCA assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the YMCA encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment.

TEAM ROSTER
ADULT 5 on 5 BASKETBALL
 Team Fee: \$500
 Season: Winter Summer Fall

Team Name _____
 Jersey Color _____
 Phone H _____ W _____

Manager's Name _____
 Address _____
 City _____
 ZIP _____ Fax _____
 Email _____

YMCA MISSION STATEMENT: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Name (please print legibly)	DOB	Phone	Email
1			
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