



Hamilton Area YMCA Winter BASKETBALL LEAGUE Registration Form

Child's Name: _____

Child's Grade: _____ **Date of Birth:** ____/____/____ **Gender:** ___M___F

Division: Ages 4 - 5 _____ Ages 6 - 7 _____

Age: _____ **T-shirt Size:** _____

Child's Address: _____

Parent/Guardian's Name: _____

Phone Number Cell: _____

Parent/Guardian's Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Email Address: _____

LEAGUE INFORMATION

- Fee \$99 for family facility members of \$149 for community members
- 8-week league with the last 3 weeks being a tournament.
- Practices will be held 30 min before game time.
- **AGES 4 - 5:** Practices will be at 2:00 p.m. and games will be from 2:30 - 3:30
- **AGES 6 - 7:** Practices will begin at 3:30 or 5:00 and games will begin at 4:00 or 5:30, depending on your team's schedule.

Parental Authorization for Emergency Treatment

In the case of emergency, illness, or accident to the child named on this form, the Hamilton Area YMCA is authorized to proceed as indicated below:

1. The Parent/Guardian will be contacted immediately.
2. If the Parent/Guardian can not be reached, we will attempt to contact him/her through the emergency person's listed the registration form.
3. If the above cannot be reached, we will call 911 and have the child transported to the nearest hospital.

I (We) state that we are the Parent(s)/Guardian(s) having legal custody of the above child and attest that the information in the form is correct. I (We) authorize the Hamilton Area YMCA staff to obtain emergency treatment for our child. I (We) consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon

Parent Name/Guardian (print) _____

Parent/Guardian Signature _____

Child's Name _____

Medical Form

Is your child under any medical restrictions? ___Yes ___No If yes, check all that apply:
___Asthma ___Hearing loss ___Diabetes ___Convulsions ___Other: _____

Is your child taking any medication? ___Yes ___No If yes, please list: _____

Has your child been under a doctor's care or hospitalized within the last three years? ___Yes ___No
If yes, please explain: _____

Is your child allergic to any medications/food/insect stings? ___Yes ___No If yes, Please list _____

As a parent/guardian of the above participating child, I certify that he/she is in good physical health and may participate in all of the activities of the Hamilton YMCA Basketball League, except as noted above.

Parent/Guardian Signature _____

Date _____