

Y BASKETBALL™

We build strong kids, strong families, strong communities.

McCormick Tribune YMCA/ Drummond Basketball 2012 REGISTRATION FORM

Child's Name: _____ Grade: _____ Age: _____ Male: _____ Female: _____

Date of Birth: _____ Home Telephone: _____ Cell Phone: _____

Parent (s)/Guardian(s) Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

School Child Attends: __ Drummond After School: __ Yes __ No

If yes, list: YMCA or other _____

Emergency Contact: _____ Telephone: _____

Address: _____ Relationship: _____

Class: Ages: 5 - 7: Wednesdays: 4:15pm – 5:30 pm _____

 Ages: 8 – 12 Fridays: 3:00pm – 5:00 pm _____

Are you interested in being a Volunteer Head Coach: Yes: _____ No: _____

 Volunteer Assistant Coach: Yes: _____ No: _____

Allergies or medical conditions: List all know (medication, food, insect stings, etc.)

Parent/Guardian Waiver

- I understand that payment is due in full at registration.
- I understand that the YMCA Basketball program is for 7 sessions.
- I give permission to the YMCA to take photographs of my child to use for YMCA publications and advertising.

Parents/Guardian Signature _____ Date _____

Date Received _____ Payment _____

