Coach/Team Request: _____
Teammate Request: _____

Idaho Falls Family YMCA
Pee Wee Basketball Registration Form

A parent volunteer or coach is required for each team. Parents must register with the understanding that they may be asked to coach.
Please mark what you are willing to help with (mark all that apply):
_____ Coach _____ Assistant Coach
_____ Part Time _____ Team Parent

Player: _____ **Male**___ **Female**___ **YMCA Member**___ **Non-member**___

Birthday (mm/dd/yy):_____ **Age:** _____ **School:** _____ **Email:** _____

Address: _____ **City**_____ **Zip**_____

Mother/Guardian: _____ **Father/Guardian:** _____

Please fill in all phone numbers and circle your preferred contact phone number:

Phone (H):_____ Cell (Mom): _____ Cell (Dad): _____ Phone (W):_____

Receive schedule updates and registration information by text message. Check all that apply:

☐ All YMCA Updates ☐ Pee Wee Updates ☐ YMCA Sports Text Message Phone Number: _____

Please circle a day and time: (6:30 time slot is only available if enough participants register for 6:30)

Wednesday 5:30pm 6:30pm Either Time

Please circle a shirt size (Extra shirts are an additional cost. Add $1 for 2X size and $2 for 3X sizes)

YS YM YL AS AM AL XL 2X 3X

Refunds: When registering for a YMCA program, a joint commitment is implied: the participant will pay the fee, and the YMCA will provide the program. If the participant breaks the commitment and the YMCA provides the program, fees are not refundable. Based on number of participants, game days and times cannot be guaranteed. See the parent handbook for the refund policy and procedure.

Release of liability: I/We the undersigned, certify that I/we am (are) the parent or legal guardian of the participant. I/we the undersigned, for us and as guardian(s) of the participant understand that the activity may be physical, that there may be many participants, and that injuries can take place. I/we acknowledge that the participant is physically fit and mentally capable of participating. I/we represent that I/we have sought the opinion of a physician and that he/she concurs that the participant is capable of safely engaging in these activities. I/we the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge the YMCA and its staff, officers, agents, employees, representatives, successors and assigns of and from all rights and claims for damages, injury or loss to person or property that may be sustained during active or inactive participation or viewing associated in anyway with the program. I/we is/are assured that the participant is able to engage in such activities. I/we have disclosed all information that will affect the participant's experience.

Code of Conduct: I/we understand the YMCA requires all employees and volunteers to follow a code of conduct. If I/we have seen, heard, or are aware of any suspicious activity involving the YMCA staff or volunteers that may endanger any participant, I/we will contact the CEO. As a legal guardian, I/we understand that the YMCA conducts mandatory child abuse prevention classes for staff/volunteers/parents. All coaches, parents, and volunteers are encouraged to participate. I/we understand that we can contact the YMCA for more information.

Photograph Permission: I/we also give the YMCA permission to photograph and/or videotape the participant's participation in the program for the purpose of publicity, staff training or program promotion.

I/we understand that the goals and objectives of the YMCA Sports Program are based on fun, fair-play, skill development and teamwork. I/we understand the use of obscenities, abusive language, or improper conduct can result in being asked to leave the premises. No refunds will be issued in this case.

Registration is not valid without full payment

Participant Signature_____**Date**_____
(If participant is under 18, parent/guardian signature)