

YMCA OF THE SANDHILLS  
2717 Ft. Bragg Rd Fayetteville, NC 28303  
(910) 426-9622 x111



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## WINTER BASKETBALL REGISTRATION

4 yr old    5-6 yr old    7-9 yr old (Please Circle One)

DOB: \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_ SEX: MALE    FEMALE

PARENT NAME: \_\_\_\_\_ PARENT DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### SKILL LEVEL (PLEASE CIRCLE)

**BEGINNER** (NEVER PLAYED)

**INTERMEDIATE** (SOME EXPERIENCE)

**ADVANCED** (EXPERIENCED)

### UNIFORM SIZES, PLEASE CIRCLE ONE

Youth X-Small    Youth Small    Youth Medium

Youth Large    Youth X-Large

### CIRCLE DAYS OF WEEK YOU ARE ABLE TO PRACTICE (NOT GUARANTEED)

Mon    Tues    Wed    Thurs    Fri

**PARENTS:** We really need adults to serve in key areas. Please write your name down and indicate where you will be able to assist. Thank you for helping to make this Winter Basketball League so successful!

NAME: \_\_\_\_\_ COACH: \_\_\_\_\_ ASST. COACH: \_\_\_\_\_ TEAM PARENT: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is in normal health and capable of participating in the YMCA of the Sandhills Youth Co-Ed Basketball League.

**The YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries, or accidents will be the responsibility of the participant.**

In case of sickness or accident, the Santa Barbara Family YMCA has my authorization to secure such medical attention as deemed necessary, at my expense, if unable to communicate with me immediately.

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