



PRESCHOOL & YOUTH BASKETBALL REGISTRATION

Revised 5/2/18

Florence Family YMCA
1700 S. Rutherford Drive Florence, SC 29505
843-665-1234 www.florenceymca.org
Parent Permission/Waiver for Participation in Youth Sports

Staff _____

PLAYER INFO: Age Group (child's age as of 9/1/18): 3-4 5-6 7-8 9-10 11-12

Print First Name: _____ Print Last Name: _____

Y Member or Nonmember Male or Female Age: _____ Birthdate: ____/____/____

Allergies and medical conditions: _____

How many years has your child played this sport? _____ Has your child played this sport here before? YES NO

Child's Shirt Size (size not guaranteed if registered after 10/25/18): YS YM YL AS AM AL AXL

LIST DAYS/TIMES YOUR CHILD CAN'T PRACTICE. OTHER REQUESTS WON'T BE ACCEPTED: _____

If you have other children playing basketball here, what are their names and age group? _____

↳ If possible, would you prefer them to practice: (Same Day/Same Time) or (Same Day/Different Time) or (Different Days)

PARENT INFO: Mailing Address: _____

City: _____ State: _____ Zip: _____

Father: _____ Home: _____ Work: _____ Cell: _____

Mother: _____ Home: _____ Work: _____ Cell: _____

Email Address: _____

Emergency Contact Other Than Parent: _____ Phone#: _____

Do you want to receive texts from your coach? YES NO

Do you want to receive messages from the Y via Remind about basketball and other youth sport programs? YES NO

↳ If yes, would you prefer to use: (Father's Cell #) or (Mother's Cell #) or (Both) **OR** read attached letter and register yourself

I hereby consent to my child's participation in the Florence Family YMCA Youth Sports Program and agree to assume the risks involved. I understand that the YMCA does not provide medical insurance relative to accidents or injuries sustained as a result of program related activities. I also authorize any member of the YMCA staff or my child's coach to act on my behalf during all sports activities. I also understand that the YMCA may only give refunds prior to the first practice and are subject to a processing fee. I also agree to have read and uphold the YMCA Youth Sports Code of Conduct. Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures and promotional materials with no compensation to me or my child.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

VOLUNTEER INFO: If you are willing to participate as a volunteer in support of this program, circle below. The head coach & one assistant coach of every team will each receive a coach's shirt. All practices are held only at the Y & last 1 hour. Teams get one practice a week. 3-4 year old preschool practices are on Sat. mornings from 9-10 am in gym of Y. Coaches must read and accept the information in the coach's handbooks and pass a background check.

Coach or Assistant Coach Coach's Shirt Size: AS AM AL AXL AXXL AXXXL

Can you attend meeting for coaches on Thurs., Nov. 1 at 6:30 pm at the Y? (Must meet with sports director if unable) YES NO

1st Requested Youth Practice Slot (for ages 5-12): Tuesday or Thursday or Friday (5:30-6:30 pm) or (6:30-7:30 pm)

2nd Requested Youth Practice Slot (if 1st is unavailable): Tuesday or Thursday or Friday (5:30-6:30 pm) or (6:30-7:30 pm)

Team Name and Jersey Colors: 1st Choice: _____ 2nd Choice: _____

Black White Red Royal Navy Orange Maroon
Gold Purple Kelly Dark Green Athletic Heather Ash Light Blue

SPONSORSHIP INFO: If you are interested in sponsoring, circle an option below. Sponsors are needed to help defray some costs of our youth sport programs. You will receive a plaque recognizing your generous donation and the satisfaction of knowing that your business helped children in your community.

Option #1: A one team sponsorship costs \$150. Your business' name will go on the back of the shirt above the number.

Option #2: A two or more team sponsorship costs \$125 per team. Your business' name will go on the back of shirt above number.

Business/Sponsor Name

Excel: ___ Age: ___ (New or Returning AGP) Coach: _____ Sibling: _____ Roster: _____ Eval: _____ Refund: _____