

2011-2012 San Luis Obispo Youth Basketball

Child's Last Name _____ First Name _____ MI _____

Sex (please circle): M F Birth date ____/____/____ Age (as of 12/1/11): _____

School _____ Grade _____

Skill Level (please circle): Beginner Intermediate Advanced Years Played: _____

Was your child selected to play All-Star soccer last year during basketball? (please circle): Yes No

Parents How Can You Help Us? (Please Circle) Sponsor / Coach / Asst. Coach / Team Parent

Primary Guardian Last Name _____ First Name _____ Birth Date: ____/____/____

Relationship to Child _____ Address _____ City _____ Zip _____

Primary Guardian Home Phone# _____ Cell Phone # _____

Email _____ (please make email legible, program updates are sent via email)

Secondary Guardian Last Name _____ First Name _____ Birth Date: ____/____/____

Relationship to Child _____ Address _____ City _____ Zip _____

Secondary Guardian Home Phone# _____ Cell Phone # _____

Email _____ (please make email legible, program updates are sent via email)

2011-2012 SLO Youth Basketball Fees

Please return this form & your payment to: SLO County YMCA, Attn: Sports, 1020 Southwood Dr., San Luis Obispo, CA 93401

Fees	Quantity	Total Cost
2011-2012 SLO Youth Basketball Fee, \$65 per participant (required) Refunds: There is a \$30 fee for all cancellations, NO refunds will be given once practices commence.		\$65 After 10/28 th \$75
Donation/Sponsorship Opportunities <input type="checkbox"/> Business Sponsor Plaque and name on shirts- Sponsorship covers the entire season - \$200.00 per team <input type="checkbox"/> Program Donation - Any amount\$ _____		
Youth Basketball Jerseys PLEASE CIRCLE Size: Child S Child M Child L Adult S Adult M Adult L		Included
Total Cost		

SLO County YMCA Release of Liability Agreement (must be signed)

In consideration of being permitted to participate in any sport or activity sponsored by the YMCA, the undersigned hereby acknowledges and agrees to the following:

1. The undersigned acknowledges that the risk of injury and/or death from the activity and/or event in which the undersigned is entering is significant, despite all precautions. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to his or her participation in this program, regardless of cause.
2. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND FOREVER DISCHARGES THE SAN LUIS OBISPO COUNTY YMCA, employees and any and all other sponsoring or cosponsoring agencies, companies of individuals, their directors, officers, employees, volunteers, representatives and/or agents (herein referred to as "Releasees") from any and all liability to the undersigned or their heirs, assigns or next of kin for any loss or damage or any claim or demand therefore on account of injury to the person or property or resulting in death to the undersigned, whether caused by the sole and exclusive negligence of the Releasees or otherwise, while the undersigned is participating in or preparing to participate in this event.
3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Release and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the premises of the Releasees, or due to the involvement of the undersigned in any of these events.
4. The undersigned consents to allow the YMCA employees to seek medical treatment on their child, which may be deemed necessary and understands that the undersigned is solely responsible for any and all costs incurred, including medical transportation.
5. The undersigned consents and authorizes in advance the use of his or her name in any pictures, broadcasts, telecasts, advertising or promotion of this event.

THE UNDERSIGNED HEREBY EXPRESSLY ACKNOWLEDGES THAT THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND ALLOWS THE YMCA TO ANY PICTURES TAKEN OF ME OR MY CHILD DURING THE COURSE OF THIS PROGRAM.

Primary Guardian Name (Please Print) _____ Phone _____

Primary Guardian's Signature _____ Date _____

Child's Emergency Contact:
 Name: _____ Phone: _____ Relation to Child: _____

Please list any medical concerns or limitations: _____