



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Bergen County Travel Basketball League 2018-2019

This form is due on Draft Day: November 3 or November 4, 2018.

Copy of Child's **Birth Certificate & Proof of Grade** MUST be included with this form: **ONLY** Grades 5-8/Ages 10-13

NAME: _____ GENDER: M F DOB ___/___/___ AGE: _____

MAILING ADDRESS: _____ GRADE: _____

HOME PHONE: () _____ - _____ WORK PHONE: () _____ - _____

GUARDIAN(S) NAME Please Print (#1) _____ (#2) _____

CELL PHONE: () _____ - _____ CELL PHONE: () _____ - _____

GUARDIAN'S E-MAIL ADDRESS: (Please print legibly) _____

Fee*: Member \$180 (*must be YMCA member) **Payment due by November 19, 2018.**

Financial Assistance is available by downloading scholarship form from
<https://www.metroymcas.org/main/financial-assistance> Return to MARY SULLIVAN.

AGREEMENT

I hereby certify that my child is in normal health and capable of safe participation in the YMCA Travel Basketball League. I assume all risk(s) and hazards incidental to the conduct of this program. I understand that YMCA staff reserve the right to rule on any matter, or situation, covered or not covered by these guidelines; that will insure the quality, integrity and positive environment of the program as a whole and I will comply with any decisions made by the YMCA staff. I support the YMCA philosophy, which promotes character development, fun, and family. I will comply with all YMCA guidelines that apply to the YMCA of Greater Bergen County and the YMCA Basketball League of New Jersey. It is understood the consequence of violating the guidelines set may result in expulsion from the program.

Rules for acceptance and participation are the same for everyone without regard to race, color, national origin, sex, age, or disability. It is understood that all participants will be treated as individuals and respect be shown for differences in tastes, preferences, abilities, and range of behavior patterns. The Y reserves the right to dismiss a child from the basketball travel league program whose needs we are not able to meet or whose conduct is not in the best interest of the total program – without refund. It is understood that in the case of dismissal or voluntary withdrawal, fees are non-refundable.

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the YMCA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with program, I hereby release, discharge and/or otherwise indemnify the YMCA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Furthermore, in the event I cannot be reached, as self or the parent or legal guardian of the above-named participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I consent that photos taken of myself and/or of my children are the property of the YMCA and may be placed on the YMCA website or reproduced and publicized as the YMCA desires, free of any claim on my part.

I have read all of the above information and am fully aware of all the terms and principles contained herein. All questions have been answered to my satisfaction. I agree that certain activities have risks, which are inherent to the activity. No insurance has been included in membership or program fees. I further agree to indemnify and hold harmless the Y from any claims or demands arising out of any such injuries and losses. I understand the consequence of violating the guidelines set by the YMCA of Greater Bergen County may result in expulsion from the program, without refund of fees. I further acknowledge all fees are non-refundable.

X _____

Signature of parent or guardian

_____ Date