



*Please turn into the Wadsworth Y front desk upon registration

Program Enrollment Form

Payment must accompany registration form.

Fee: \$60/\$80

_____ Youth Basketball League _____
First Name Last Name Gender / Age & Grade Program Name

_____ Street Address _____ City _____ State _____ Zip

_____ / _____ / _____
Guardian Home phone # / Guardian Work Phone # / Guardian Cell #

_____ Email address _____ School AND Current grade _____ Player TSHIRT SIZE (circle one)
YS YM YL AS AM AL

Volunteer coaches are the heart of YMCA Programs!

I am willing to assist the program as a head coach: _____ (Adult tshirt size: S M L XL XXL)

I am willing to assist the program as an assistant coach: _____ (Adult tshirt size: S M L XL XXL)

I am willing to assist the program as a referee: _____ (Adult tshirt size: S M L XL XXL)

You may request one teammate. <i>*It is not a guaranteed request.*</i>	How many years has your child played organized basketball?	Night (s) of the week <u>cannot</u> practice (at 6:30p or 7:30p M-F)
Name: _____	_____	_____

Disclaimer/ Hold Harmless Statement/ Photograph/ Permission to Transfer to Hospital [Must sign bottom of form]:

I/we understand that there is risk of serious injury associated with YMCA facilities, participation in YMCA programs and use of exercise equipment and other equipment. As a condition of participating in a program I agree to assume the risk of injury arising from use of facilities, programs, equipment and for all matters at all YMCA locations programs whenever occurring. On behalf of myself and heirs, administrators/executors, I hereby release and hold the YMCA and its officers, trustees, staff, agents, and contractors, harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program/facility without this agreement. I authorize the Akron Area YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes using my image for its record keeping or marketing/public relations programs. In the event of reasonable attempts to contact me have not been successful, I hereby give my consent for minors named on application to be transferred to any reasonably accessible hospitable. Facts concerning child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are:

➡ **Signature** _____ **Date** _____

PAYMENT OPTIONS: Cash, credit card, check accepted at the Wadsworth YMCA or pay by mail by using credit card or check made out to "Wadsworth YMCA"
NAME ON CREDIT CARD: _____

Payment: VISA _____ **Mastercard** _____ **Discover** _____

Account Number: _____ **Exp. date** _____ ***Security Code on back:** _____
[must have in order to process]

Signature _____ **Date** _____

Enrollment form and payment must be sent or dropped off at the Wadsworth YMCA, 623 School Dr. Wadsworth, Ohio
For more information contact Ryan Reavy, Program Director 330-334-9622 or ryanr@akronymca.org.