Y-Sports Registration Form

NSYMCA Youth Sports
2705 Techny Rd
Northbrook, IL 60062
(847) 272-7250; Fax (847) 272-7801

PART 1 Family Information

Parent's Name		E-Mail Address (Confirmation Sent Via E-Mail)	
Address		City	Zip Code
Home Phone Number	Cell Phone Number	Emergency Contact Name	Phone Number
Name Of School:	Grade In School	Yrs In Sport	Skill Level (1=None, 2=Some, 3=Fair, 4= Good, 5= Excellent)

PART 2 Fill In Programs For Each Participant

Participant Name	Birthdate	Sex (M/F)	Program Name	Program Code	Age	Fee
			Uniform (Circle items needed below; total here) **BASKETBALL UNIFORM MANDATORY UNLESS YOU HAVE ONE FROM PRIOR YEAR**	01ATUNIFORM		

PART 3 T.Shirt/Uniform Order

Jersey/T-Shirt Sizes (Price is for Basketball Uniforms ONLY. Soccer Uniforms included in registration fee)					**Shorts**				
Kids ($11.00):	S (6/8)	M (10/12)	L (14/16)	XL	**Youth Shorts ($8.00)**:	S (6/8)	M (10/12)	L (14/16)	XL
Adult (12.00):	S	M	L	XL	**Adult Shorts ($9.00):**	**S**	**M**	**L**	**XL**

PART 4 Mixcellaneous & Volunteer Information (We can't have a league without your help)

COACHING (Please Circle)	
Head Coach Assistant Coach Help As Needed	
OTHER	**FRIENDSHIP REQUEST**
Referee/Umpire Score Keeping	

PART 5 PAYMENT INFORMATION

Credit Card # _____ Exp. Date _____

Cardholder Name (Please Print) _____

Signature of Cardholder _____

Cash or Check (Circle One)

PART 6 Special Requests

Please list any special needs, allergies, medication, learning disabilities or any other information we may need to make your experience a positive one.

_____

_____

PART 7 Review and Sign Release

PARENTAL ASSUMPTION OF RISK AND RELEASE

I give permission for the above named participant to be included in photos for publicity purposes. I understand the NSYMCA is not responsible for the loss of personal property or personal injury sustained by the participant and I hereby agree to indemnify and hold harmless NSYMCA from such losses or injuries. In the event I cannot be reached in an emergency situation involving the above named participant, I hereby give permission to the program leader to seek medical treatment for the above named participant. NSYMCA reserves the right to change or alter any program with advance notice.

_____ _____

Print Name Of Participant Signature of Parent or Legal Guardian