

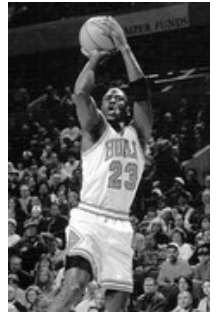


Fort Walton Family YMCA

1127 Hospital Road FWB, FL 32547 • 850-863-9622 • Fax 850-862-7905

Teen Basketball League

Ages: 11-12, 13-15,
& 16-18



Contact:
Glen Coffee for info.
1-850-863-9622
gcoffee@ecymca.org



Registration begins Dec. 28 • Registration Deadline is Feb. 5th

Games are played Tues. Thurs. Sat. & Sun.

Fee: \$36 members \$48 non-members

Learn the fundamentals of basketball and have fun!!

Player Name:		Male:	Female:	Age:	DOB:				
Street Address:			City:						
State:	Zip:	Email:							
Home Phone:		Business Phone:		Other:					
Emergency Contact:				Phone / Other:					
Shirt Size <u>Circle One</u>		(Y S)	(Y M)	(Y L)	(A S)	(A M)	(A L)	(Adult XL)	(Adult XXL)
YMCA Member <input type="checkbox"/> Yes <input type="checkbox"/> No		I would like to participate as a volunteer in one of the following capacities: <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Umpire/Referee <input type="checkbox"/> Sponsor a Team							

"I am participating in a YMCA program located at a branch of the YMCA of Florida's Emerald Coast, Inc. In choosing to participate in the YMCA programs, including the use of its facilities, equipment and machinery, I do hereby waive, release, and forever discharge the YMCA of Florida's Emerald Coast, Inc. and all its branches/locations, and all its officers, agents, employees, representatives, executors, contracted personal trainers, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation. I understand that there are risks with any type of program or activity, and have consulted with my physician before enrolling into this program. I hereby certify that I am in normal health and capable of participating in a YMCA program/activity.

If emergency medical care is deemed necessary, I authorize the YMCA staff to act on my behalf to receive emergency treatment or surgery. In such a situation, I authorize medical personnel to perform the emergency procedures required. In the case of minor injuries, our YMCA Staff are trained in basic first aid. I give permission to the YMCA Staff to utilize normal first aid procedures if I require it.

I have read and accept the information in its entirety and agree as the program participant to grant permission for myself to participate in the program/activities provided by the YMCA of Florida's Emerald Coast, Inc./Waiver Form.

I also grant the YMCA permission for photographs or video of myself participating in any YMCA program/activity to be used by the YMCA association, whether locally or nationally, to help promote YMCA programs/activities."

Signature: _____

Date: _____

Office Use Only:

Date Pd: _____

Amt: _____

Receipt: _____

"We Build Strong Kids, Strong Families, Strong Communities"