

Yucaipa Youth Basketball

Player Registration and Medical Release

This form is to be in the coach's possession at all games and practices

Player Name: _____ Home Phone # _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Cell Phone #: _____

Mother's Name: _____ Cell Phone #: _____

Guardian's Name: _____ Cell Phone #: _____

List any Medical problems (asthma, etc.): _____

List any Allergy problems: _____

Person to notify in an emergency: _____ Phone #: _____

School Name: _____

Please fill in the following information about your child:

Sex: _____ Age: _____ DOB: _____ Grade: _____ Height: _____ Yrs played: _____

Shirt Size (circle one): YS YM YL YXL AS AM AL AXL AXXL

I'm interested in Coaching:

Boy's Division _____ Girl's Division _____ Head Coach _____ Asst Coach _____ Team Mom _____

I'm interested in Sponsoring a Team (circle one): Yes No

Sponsor's Name: _____

CONSENT for MEDICAL TREATMENT: (Minor) As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a 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.

IMPORTANT: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Yucaipa Youth Basketball Program, its affiliated organizations and sponsors. I also recognize the possibility of physical injury associated with basketball programs. I hereby release, discharge and/or otherwise indemnify the Yucaipa Youth Basketball Program, City of Yucaipa, and the Yucaipa-Calimesa Joint Unified School District, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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.

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____

Sibling Option: Name: _____ Sex: _____ Grade: _____
(Brother/Sister in the same Division)

The white & yellow copies of completed Application can be mailed with your check to: P.O. Box 31, Yucaipa, 92399

REFUNDS: All refunds will be assessed a \$25 processing fee (this amount will be deducted from your refund). Refunds may take up to 30 days to process and will be mailed to the address given above. No refunds will be given after teams have received their uniforms or December 31st, whichever happens 1st.

Amount Due: _____ Check #: _____ Date: _____ Receipt #: _____