

2017 FALL MEN'S BASKETBALL REGISTRATION

Registration Opens: October 3, 2017 Session runs November 2nd – December 14th(6 weeks)

Registration Closes: November 2, 2017 or when team slots are filled

Cost: \$350 per team pays for team up to 10 players and 1 referee

All games will be played at the West St. Tammany YMCA Gym on Thursday evenings
Times subject to change, but games will always be played on Thursdays.

Team Roster (please print)

Team Name _____

Team Captain: _____ **Sign:** _____ **Jersey #** _____

Player 2: _____ **Sign:** _____ **Jersey #** _____

Player 3: _____ **Sign:** _____ **Jersey #** _____

Player 4: _____ **Sign:** _____ **Jersey #** _____

Player 5: _____ **Sign:** _____ **Jersey #** _____

Player 6: _____ **Sign:** _____ **Jersey #** _____

Player 7: _____ **Sign:** _____ **Jersey #** _____

Player 8: _____ **Sign:** _____ **Jersey #** _____

Player 9: _____ **Sign:** _____ **Jersey #** _____

Player 10: _____ **Sign:** _____ **Jersey #** _____

PARTICIPATION WAIVER: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its employees, organizers, volunteers, supervisors, officers, directors, participants, coaches, and referees from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of YMCA property and/or my participation in any YMCA activities.

With my signature I acknowledge that I have read all rules and regulations and comply with all YMCA policies regarding the adult men's basketball league.

Thank you for participating and supporting the West St. Tammany YMCA.

ADULT SPORTS PROGRAM POLICIES

1. **SPORTSMANSHIP:** I understand that this YMCA Sports program is a recreational and fun league representing positive values and good sportsmanship. I will support the YMCA goals, as well as the coaches, referees, and staff.

2. **MEDICAL TREATMENT:** The YMCA does not normally administer any medication. However, in the event of an emergency in which the spouse cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the participant.

3. **ACCIDENT INSURANCE:** Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.

4. **PHOTOGRAPHY WAIVER:** By signing this form, players permit the YMCA to use their picture as a program participant in promotional literature, promotional videos and the YMCA of the Triangle Web site, which are published and used by the YMCA.

5. **CANCELLATION POLICY:** A cancellation form must be filled out at the front desk of the YMCA two weeks prior to the session start date in order for a refund to be issued. I understand that non-attendance does not entitle me to a refund. This includes non-attendance due to illness, vacation, personal team/coach requests not being met or when YMCA programs are closed due to inclement weather. Refunds are not granted after the program has occurred. If payment is made by check and the bank, due to insufficient funds returns the check to the YMCA, I understand that the YMCA reserves the right to cancel me from the program and that I must also pay the \$25.00 NSF Fee. I agree to follow all payment and cancellation policies. Program fees are not transferable from one participant to another, from one program to another, or from one YMCA to another.

In its practices, the YMCA does not discriminate on the basis of race, creed, disability, national or ethnic origin.

Each player on the team roster must fill out an emergency contact card. **PLEASE PRINT CLEARLY.**

<p>Team Captain</p> <p>Participant's Name _____ Name Called _____ YMCA member: <input type="checkbox"/> yes - <input type="checkbox"/> no</p> <p>Address: _____ City _____ State: _____ Zip: _____</p> <p>Age: _____ Date of Birth: _____ Primary Phone # _____ Other Phone # _____</p> <p>Medical Concerns/Special Needs _____</p> <p>Email Address: _____</p> <p>In case of emergency, please notify the following person:</p> <p>Name _____ Relationship _____ Cell # _____ Home # _____</p>

Player

Participant's Name _____ Name Called _____ YMCA member: yes - no

Address: _____ City _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Primary Phone # _____ Other Phone # _____

Medical Concerns/Special Needs _____

Email Address: _____

In case of emergency, please notify the following person:

Name _____ Relationship _____ Cell # _____ Home # _____

Player

Participant's Name _____ Name Called _____ YMCA member: yes - no

Address: _____ City _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Primary Phone # _____ Other Phone # _____

Medical Concerns/Special Needs _____

Email Address: _____

In case of emergency, please notify the following person:

Name _____ Relationship _____ Cell # _____ Home # _____

Player

Participant's Name _____ Name Called _____ YMCA member: yes - no

Address: _____ City _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Primary Phone # _____ Other Phone # _____

Medical Concerns/Special Needs _____

Email Address: _____

In case of emergency, please notify the following person:

Name _____ Relationship _____ Cell # _____ Home # _____

Player

Participant's Name _____ Name Called _____ YMCA member: yes - no

Address: _____ City _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Primary Phone # _____ Other Phone # _____

Medical Concerns/Special Needs _____

Email Address: _____

In case of emergency, please notify the following person:

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