



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Ralphola Taylor Community Center YMCA
Winter Basketball League
2012 REGISTRATION and RELEASE FORM**

Please print or type.

Last Name: _____ First Name: _____ Middle Initial: _____

Age as of 2/06/12: _____ Gender: _____ Birth Date: ___/___/___ Grade in Sept: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother/Guardian's Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: ___/___/___ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____ E-mail: _____

Father/Guardian's Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: ___/___/___ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____ E-mail: _____

I am the parent or legal guardian of _____ (the "Youth"). I hereby give permission for the Youth to participate in all activities that are part of the RTCC YMCA Winter Basketball League, except _____ (Put N/A if no restrictions.) I understand there are risks associated with camp activities and activities in which the Youth is a participant and hold the RTCC YMCA, Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation.

I assume full responsibility for the health condition of the Youth and I give the YMCA permission to perform First Aid as necessary and to obtain necessary medical assistance in emergencies. I understand that I am responsible for all medical expenses incurred by the Youth.

I further grant permission for any pictures taken of my child while at involve in programs to be used for publicity and promotional purposes.

I have read the above and fully understand same.

Signature of Parent/Legal Guardian: _____ Date: _____

Please print name: _____