

Y BASKETBALL

We build strong kids, strong families, strong communities.
2008/2009 Mighty-Mites Basketball

The emphasis of this program is equal participation, the development of skill and character and lots of **F-U-N.**

(We will make every attempt to insure a competitive balance among the teams in the older divisions and, as in the past, have some rule modifications for each division so that the games are enjoyable for all participants and are of reasonable length.)

YMCA Basketball REGISTRATION

Child's Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Child's Date of Birth ____-____-____

Parent(s) or Custodian Name _____

Circle Boy Girl

Circle Grade PK K 1 2 3 4 5 6

Circle Community: Kalida Glandorf Ottawa Pandora Columbus Grove

Continental Ft. Jennings Miller City Ottoville Leipsic

Name of PK or other school _____

Circle Jersey Size: YS (4—5) YM (6—7) YL (8—10) AS (9—11)

AM (12—13) AL (14—15) AXL (16+) AXXL

****Jerseys are sized by "years old" Generally, reversible jerseys fit one size smaller than t-shirts.
We recommend 'sizing—up' wherever possible.**

Coaching Information

Coach's Name _____ Coach's Phone _____

Coach's Business Phone _____ Coach's Cell Phone _____

Name of (1) one other coach you would like to coach with:



Putnam County YMCA
Youth Sports Participation Form

Y SPORTS

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General Information

Participant's Name: _____ Phone _____

Mother's Name _____ Father's Name _____

Name of Custodian (if different than above) _____ Phone _____

I understand participation in YMCA youth sport involves inherent risks of personal injury or wrongful death and agree not to sue the YMCA, its staff and volunteers from liability resulting in any and all loss or damages. I further agree to indemnify and hold the YMCA harmless from any damages or costs arising out of my child's injury.

Signature of Parent or Guardian _____ Date _____

EMERGENCY MEDICAL INFORMATION

Dependable relative or neighbor to call in an emergency (illness or injury) when parent or guardian cannot be reached: Name _____ Phone _____

List any health problems. For example: allergies, asthma, vision, epilepsy, diabetes hearing, bone or muscle problems, etc.

List any medications being taken and reason: _____

In the event that I or the person designated above cannot be reached, I give I do not give (circle one) my consent for treatment and transportation, if necessary, of my child. Please sign below.

Signature of Parent or Guardian _____ Date _____

PARENT CODE OF ETHICS

- ◆ I will place the emotional and physical well being of my child ahead of any personal desire to win.
- ◆ I will demonstrate the Christian values of self-restraint, fair play, and sportsmanship in my treatment of others at every game, practice session or other YMCA event.
- ◆ I will ask my child to treat all players, coaches, fans, and officials with respect regardless of race sex or ability
- ◆ I will demand a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at all YMCA events.
- ◆ I will do my best to make my child's involvement with youth sports a positive experience, while always remembering that game is for the youth, not the adults.
- ◆ I will be responsible for the behavior and supervision of the children I bring to an athletic contest as spectators. I understand they must remain seated while the game is in progress and will not be permitted to freely roam the premises.

I have read the above "Code of Ethics" and understand that my (our) failure to uphold any of these statements may lead to disciplinary action by the YMCA, which may include, but is not limited to, the forfeiture of my right to watch my child participate in YMCA youth sports events.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____