



UP & COMING STARS BASKETBALL

May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127 | Phil Cline Family YMCA • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25703 • (304) 522-0616

For Competitive Boys and Girls

PROGRAM REGISTRATION now through January 13, 2017

Practice begins week of January 23, 2017 | Tryouts TBA

COST Y Member \$25 | Non-Y Member \$40

Must be age 7 before August 31, 2016

Cannot be age 13 before August 31, 2016

**Players will be placed on teams by age and skill level.
Everyone that signs up will be placed on a team.**

TO REGISTER, or for more information, contact:
DuRon Jackson 304.697.7113 | djackson@huntingtonymca.org

*** VOLUNTEER COACHES NEEDED.**



Ages 3-12

Please complete all information. Incomplete forms will not be processed.

PLAYER INFORMATION

PLEASE PRINT CLEARLY

MEMBER NO. _____ DATE OF BIRTH _____ SEX: MALE FEMALE
 LAST NAME _____ FIRST NAME _____ M.I. _____
 PARENT / GUARDIAN NAME(S) _____
 STREET ADDRESS _____ APT. NO. _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE: (____) _____ CELL: (____) _____ EMAIL: _____

MEDICAL / EMERGENCY INFORMATION

IMPORTANT LIST ANY MEDICAL PROBLEMS OR LIMITATIONS _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (____) _____
 NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (____) _____

I do hereby waive, release, and forever discharge the Huntington YMCA, its employees, independent contractors, or anyone acting on its behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the YMCA, including those injuries or damages that may be incurred by the use of equipment furnished by the YMCA. By signing below, I acknowledge there may be health risks associated with my child's participation in the YMCA's program(s), which may include, but not be limited to, transient lightheadedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise related ailments that I willfully assume those risks. I understand that I may request that my child stop or delay his or her participation in any activity and that my child may be requested to stop and rest by any YMCA representative who observes any symptoms of distress or abnormal response to activity, I declare that I have read, understood, and agree to the contents of this concerned agreement in its entirety.

_____/_____/_____
 Parent / Guardian Signature Date Parent / Guardian Signature Date

DROP OFF at any Y location or **MAIL APPLICATION TO:** YMCA | 917 9th Street | Huntington, WV 25701

DATE ____/____/____
LAST NAME _____

FIRST _____