



## **Bitty Basketball Enrollment Card**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Month Day Year

**T-Shirt Size:** XS YS YM YL **Gender:** M F  
(2-4) (6-8) (10-12) (14-16)

**Phone Number:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Practice Night (Tuesday/Thursday/Either):**  
\_\_\_\_\_

**Volunteer Coach:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Name of Coaching Parent:** \_\_\_\_\_

**Phone Number of Coaching Parent:** \_\_\_\_\_

**Coach's T-Shirt Size:** \_\_\_\_\_

**Team Member Request:**  
\_\_\_\_\_



## **Bitty Basketball Enrollment Card**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Month Day Year

**T-Shirt Size:** XS YS YM YL **Gender:** M F  
(2-4) (6-8) (10-12) (14-16)

**Phone Number:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Practice Night (Tuesday/Thursday/Either):**  
\_\_\_\_\_

**Volunteer Coach:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Name of Coaching Parent:** \_\_\_\_\_

**Phone Number of Coaching Parent:** \_\_\_\_\_

**Coach's T-Shirt Size:** \_\_\_\_\_

**Team Member Request:**  
\_\_\_\_\_

## **Program Enrollment Card**

Program Name: Bitty Basketball (Ages 3-6 year olds)

Session Dates: Winter 2018

Fee Paid: \_\_\_\_\_ Collected by: \_\_\_\_\_

**Consent Statement:** By signing this form it is understood that the responsibility for monitoring the condition of the participant lies with the participant and or guardian and that the undersigned has the understanding of YMCA programs and its facilities. **Talent Release:** This statement is hereby acknowledged and agreed upon by me with the full understanding that any photographs, videotapes, or audio tapes will be freely used by the Tri-County YMCA for public displaying either printed or electronic material for the purpose of furthering the business interest of the Tri-County YMCA.

**Signature of Participant or Guardian:**  
\_\_\_\_\_

## **Program Enrollment Card**

Program Name: Bitty Basketball (Ages 3-6 year olds)

Session Dates: Winter 2018

Fee Paid: \_\_\_\_\_ Collected by: \_\_\_\_\_

**Consent Statement:** By signing this form it is understood that the responsibility for monitoring the condition of the participant lies with the participant and or guardian and that the undersigned has the understanding of YMCA programs and its facilities. **Talent Release:** This statement is hereby acknowledged and agreed upon by me with the full understanding that any photographs, videotapes, or audio tapes will be freely used by the Tri-County YMCA for public displaying either printed or electronic material for the purpose of furthering the business interest of the Tri-County YMCA.

**Signature of Participant or Guardian:**  
\_\_\_\_\_