



Bitty Basketball 2019 Program Enrollment Card

Parent Name: _____

Address: _____

Street

City

State

ZIP

Phone Number: _____

Email Address: _____

Date of Birth: _____ Gender: Male
Month Day Year

Female

Parent Emergency Contact Name:

Parent Emergency Contact Phone Number:

Parent's Employer: _____

Child's Name: _____

Child's Date of Birth: _____
Month Day Year

Age: _____

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

Preferred Practice Night (Tuesday/Thursday/Either):

Volunteer Coach: Yes _____ No _____

Name of Coaching Parent: _____

Phone Number of Coaching Parent: _____

Volunteer Coach's T-Shirt Size: _____

Team Member Request:

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:



Bitty Basketball 2019 Program Enrollment Card

Parent Name: _____

Address: _____

Street

City

State

ZIP

Phone Number: _____

Email Address: _____

Date of Birth: _____ Gender: Male
Month Day Year

Female

Parent Emergency Contact Name:

Parent Emergency Contact Phone Number:

Parent's Employer: _____

Child's Name: _____

Child's Date of Birth: _____
Month Day Year

Age: _____

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

Preferred Practice Night (Tuesday/Thursday/Either):

Volunteer Coach: Yes _____ No _____

Name of Coaching Parent: _____

Phone Number of Coaching Parent: _____

Volunteer Coach's T-Shirt Size: _____

Team Member Request:

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:
