

# Sports Registration Form

What sport(s) are you registering for? \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Nearest School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about YMCA Youth Sports?  Mail  School Flyer  Friend  Returning Player

As a parent, I, \_\_\_\_\_, would like to volunteer in one of the following areas:

Coach  Assistant Coach  Official  Team Parent  Other \_\_\_\_\_

Coach/Player Request (NOT Guaranteed): \_\_\_\_\_

Child's ability level:  Beginner  Intermediate  Advanced How many seasons in an organized league? \_\_\_\_\_

Do you have a reversible Jr. Nuggets jersey? (only for basketball)  Yes  No What number? \_\_\_\_\_

YMCA Program Release for Participants: I have been advised of and fully understand the inherent risks associated with the YMCA programs and events. On behalf of me, my child, and our respective heirs and assigns, hereby release, and agree to hold harmless, the YMCA of Metropolitan Denver, Denver Nuggets, the National Basketball Association and its Member Teams, NBA Properties, Inc., the Pepsi Center, and each of their respective parents, subsidiaries, affiliates, directors, officers, employees, owners, players and all agents (collectively, the "Released Parties"), from any and all claims, liabilities, and losses that relate in any way to any injury (including death) to my child's person or property. I give my permission (without any compensation) to use any photographs, film footage, tape recordings which include me or my child's image, voice or likeness to promote YMCA programs. This Release shall be governed by and constructed in accordance with the internal laws of the State of Colorado. I, (i) have read the Release, (ii) understand its content, (iii) am over the age of 18, (iv) am my child's parent or guardian, (v) sign this Release voluntarily on my child's behalf and intend for it to be legally binding, and (vii) acknowledge that I have had an opportunity and was advised to seek guidance from counsel regarding this Release.

**X** \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Adult Signature

MasterCard  Visa  Discover Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature **X** \_\_\_\_\_ Card Billing Address: \_\_\_\_\_

In the event that my payment is returned unpaid, it will be collected electronically. I understand that my account will also be charge \$20 for collection service (or the maximum amount allowed by law) and that I will be responsible for any other associated collection costs.