



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKWOOD-TRUMBULL YMCA Monroe Travel Basketball Registration & Release Form

Participant's First Name _____ Last _____ Boy ___ Girl ___

Address _____ City _____ State ___ Zip _____

Date of Birth _____ Age entering program, _____ mos. _____ Grade entering in Sept. _____ Child lives with _____

Parent # 1 _____ Parent # 2 _____

Home Address _____ Home address _____

Please Check Which Phone Number You Would Like Used As Primary Contact Number

Home Phone # () _____ Home Phone # () _____

Cell Phone # () _____ Cell Phone # () _____

Work Phone # () _____ Work Phone # () _____

E-Mail Address _____ E-Mail Address _____

(Weekly communications will be emailed to the e-mail addresses provided.)

If a parent cannot be reached, give name and relationship of person to be called in case of emergency.

Name: _____ Relationship: _____

Home # () _____ Work # () _____ Cell # () _____

Does your child require special accommodations (social, behavioral, medicine)? No ___ Yes ___

Parent/Guardian Permission:

I hereby give permission for my child to participate in all activities that are part of the program. I understand there are risks associated with activities and programs in which my child is a participant. I hold the Y Branch, the Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I grant permission to have my child transported to one the YMCA's other facilities in case of inclement weather. I also grant permission for any pictures taken of my child while in the program to be used for publicity and promotional purposes.

Guardian Authorization:

In order to ensure the well-being of all our participants and our ability to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. The YMCA WILL require photo I.D. to release any child to an authorized pick up person listed on this form. I authorize the YMCA to release my child to the custody of the following people other than me:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

The YMCA is required to permit either parent to pick up the child unless the YMCA is furnished with a copy of a court order to the contrary. Please list below any persons not authorized to pick-up this participant and attach a copy of the court order.

Name: _____ Relationship _____

Name: _____ Relationship _____

I understand that the Central Connecticut Coast Young Men's Christian Association, Inc. (the "Parent Company") and all of its branches are a charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the child in the YMCA programs, I release, on behalf of the child, myself and members of the child's family, the YMCA, the Parent Company, and officers, directors, employees and volunteers from all claims of damage or loss to the child's property and claims of personal injury or property damage caused to others by the child, including injury or damage to YMCA property or personnel. I understand the financial requirements, registration, payment obligations and deadlines as outlined. I have read the above and agree to the terms and conditions.

Signature of Parent/Guardian _____

Date _____



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LAKESWOOD-TRUMBULL YMCA

Monroe Travel Basketball Authorization and Release Form

Participant's First Name _____ Last _____

I understand that my child must have either participated with the Lakewood-Trumbull YMCA Monroe Travel Basketball in the previous seasons or attended an evaluation session to participate on the team.

Payment Options and Authorizations:

Payment being made by (circle one): Cash Check Credit Card on File at the Y

Authorization for Medical Attention:

Please list all medications and/or medical conditions affecting your child. _____

I give permission for the YMCA Certified First-Aid staff to treat my child, if needed. I authorize the aquatics staff to consent to emergency treatment (under advice of a Connecticut licensed physician) for my child when the need for such treatment is immediate and when efforts to contact me are unsuccessful. My child will be transported to the nearest emergency facility. I understand that any expenses incurred, through transportation and the treatment of my child, are my responsibility.

Name of Physician _____ Address/Phone _____

Insurance Company _____ Policy Number _____

Policy Holder _____ Relationship to Child _____

Central Connecticut Coast YMCA Member Code of Conduct:

All members must act in accordance with the values of the Y to maintain an atmosphere that is free of offensive and unlawful conduct. We show no tolerance for: Fighting; Use of abusive language; Smoking in Y facilities and/or properties; Carrying or concealing a weapon or any device or object that may be used as a weapon Inappropriate, immodest or sexually revealing attire (as interpreted by Y staff); Disrespect for property rights of the Y or others; Conduct or actions of a sexual nature; Derogatory or unwelcome comments based on individuals' sex, race, ethnicity, age, religion, marital status, citizenship, disability, sexual orientation or any legally protected status. As a private organization, the Y reserves the right to cancel the membership of any member who does not follow the Member Code of Conduct at any time—while on site at a Y Branch or during participation of any Y affiliated program/event regardless of location. Y staff members may define what is considered inappropriate behavior in determination of a member's suspension or termination. Y members or guests who observe conduct not fitting of the Member Code of Conduct should promptly report concerns to Y staff. We will then make every effort to investigate and resolve issues promptly, confidentially and effectively. In addition, the Y reserves the right to deny access or membership to any person who has been convicted of any crime involving sexual abuse, is or has been a registered sex offender or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics or intoxicating beverages.

Lakewood-Trumbull YMCA Monroe Travel Basketball Code of Conduct:

As a member of a Monroe Travel Basketball Team, each player represents and serves as a reflection of his coaches, his team, his family and his community and agrees to conduct himself or herself responsibly both on and off the court, to display sportsmanship on the court and to demonstrate concern for the rights, safety and welfare of others off the court. All Players agree to treat their coaches, teammates, competitors and referees with respect and courtesy. Behavior that shows disrespect toward other players, coaches, and referees, or demonstrates lack of self-control including the use of profanity will be subject to discipline. The coach will determine appropriate disciplinary actions. Should the behavior continue to be inappropriate, the coach may seek the removal of the player from the team subject to approval of the Travel Director. Parents understand that they too represent our team, community and basketball program. Parents agree to encourage and cheer for the team in a positive fashion during the game and to refrain from rude or obnoxious behavior or comments toward the opposing team and officials. Parents should never confront referees or other game personnel -- that is solely the province of the coaching staff. Parents should respect and support the decisions of the coach. Two parents are expected to cover the game clock and official scorebook for each home game. In the absence of volunteers, parents will be assigned these tasks on a rotating basis. If a Parent or player has any problem with a coach or other team related matter, the parent or child should first speak directly with the head coach. If the parent or player is unable to do so or is unsuccessful in doing so, then the next line of communication is with the Lakewood-Trumbull YMCA. All issues should be addressed in an appropriate manner bearing in mind that the expertise and judgment of coaches should be respected particularly when it comes to positions and playing time.

Equipment Responsibility:

I agree to assume full responsibility for any and all equipment/ uniforms loaned to the above named participant and I agree to promptly return, upon request, the uniform and any other equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the full replacement cost of such equipment.

Parent Agreement:

I agree to review and abide by the Central Connecticut Coast YMCA Member and the Lakewood-Trumbull YMCA Monroe Travel Basketball Code of Conduct as a parent and to ensure my child abides by them also.

Signature of Parent/Guardian _____ Date _____