



Basketball

1	NAME	AGE	GRADE	DATE OF BIRTH	GENDER
	ALLERGIES / HEALTH HISTORY?		SCHOOL		
	PLAYER REQUEST				

2	NAME	AGE	GRADE	DATE OF BIRTH	GENDER
	ALLERGIES / HEALTH HISTORY?		SCHOOL		
	PLAYER REQUEST				

I WOULD LIKE TO VOLUNTEER AS A COACH ASSISTANT COACH

THE YMCA MUST RECEIVE FINGERPRINT CLEARANCE ON ALL VOLUNTEERS PRIOR TO ANY INTERACTION WITH YOUTH ACTIVITES.

NAME	PLAYERS NAME	CELL PHONE NUMBER
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PARENT

HOME ADDRESS	HOME PHONE
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PARENT/GUARDIAN #1	CELL PHONE	EMAIL ADDRESS
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PARENT/GUARDIAN #1 EMPLOYER		
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PARENT/GUARDIAN #2	CELL PHONE	EMAIL ADDRESS
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PARENT/GUARDIAN #2 EMPLOYER		
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EMERGENCY CONTACT #1	RELATIONSHIP	PHONE NUMBERS
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PLEASE COMPLETE REVERSE SIDE

In order to better serve your child, please let us know of any current medical conditions:

Please list any allergies we should be aware of:

Is there anything else we should know:

All YMCA staff working directly with children are required to take training, above their current education and experience, in child abuse prevention and positive guidance within their first 90 (ninety) days of employment. As part of our policies on the protection of children, staff is not allowed to relate to members/participants outside of YMCA programs. Please **DO NOT** put staff in a difficult position by asking them to provide personal childcare or engage in any other outside events.

Parent/Guardian Signature

Date

ETHNICITY/RACE: I do not wish to complete _____ (please initial)

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> Hispanic & Native Indian/Alaskan |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Indian/Alaskan & Black/African American | <input type="checkbox"/> Hispanic & Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Hispanic & Native Indian/Alaskan & White |
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> Hispanic & White | <input type="checkbox"/> Hispanic/African American & White |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Hispanic & Black | <input type="checkbox"/> Hispanic/Asian & White |
| <input type="checkbox"/> Native Indian/Alaskan & White | <input type="checkbox"/> Hispanic & Asian | <input type="checkbox"/> Hispanic/Indian/Alaskan & Black/African American |
| <input type="checkbox"/> Asian & White | | |
| <input type="checkbox"/> White | | |

PLEASE CIRCLE YOUR COMBINED GROSS ANNUAL INCOME BASES ON YOUR HOUSEHOLD SIZE (County of Riverside – 2019)

The following information will remain confidential and is necessary to fulfill YMCA grant requirements.

NUMBER OF PERSONS IN YOUR HOUSEHOLD:

2	3	4	5	6	7	8
\$0 – \$17,250	\$0 – \$23,330	\$0 – \$25,750	\$0 – \$30,170	\$0 – \$34,590	\$0 – \$39,010	\$0 – \$43,430
\$17,251 – \$28,750	\$23,331 – \$32,350	\$25,751 – \$35,900	\$30,171 – \$38,800	\$34,591 – \$41,650	\$39,011 – \$44,550	\$43,431 – \$47,400
\$28,751 – \$46,000	\$32,351 – \$51,750	\$35,901 – \$57,450	\$38,801 – \$62,050	\$41,651 – \$66,650	\$44,551 – \$71,250	\$47,401 – \$75,850
Over \$46,001	Over \$51,751	Over \$57,451	Over \$60,051	Over \$66,651	Over \$71,251	Over \$75,851

I do not wish to complete: _____ (please initial)

WAIVER OF LIABILITY – Parent’s signature required in order to participate in the program.

I, the undersigned parent/guardian having legal custody of the above said minor, give permission for the minor to participate in the program described above. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

I, on behalf of myself (as parent, guardian, or participant) hereby:

- Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
- Release the YMCA, its directors, officers, employees and volunteers (collectively “Releases”) from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise and while such minor is in or near the YMCA.
- I agree not to sue Releases for any loss, damage, injury or death described above and I will indemnify and hold harmless Releases and each of them from any loss, liability, damage or cost they may incur due to said minor’s presence in, upon or near the YMCA’s branch; whether caused by the negligence of Releases or otherwise.
- I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releases or otherwise.
- I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
- PHOTO RELEASE: I give my permission to the Family YMCA of the Desert to use my child’s picture or other likeness in any of the YMCA’s general publicity and campaign materials.

Parent/Guardian Signature

Date