

NOVATO YOUTH CENTER
 (415) 892-1643/Fax: 892-5098
 2010 BASKETBALL REGISTRATION

NOTE: ONLY 1 REGISTRANT PER FORM ACCEPTED (MAKE COPIES FOR SIBLINGS)

Registrant's Last Name: _____ First Name: _____ Initial: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Birth date: ____/____/____ Age: ____ M ____ F ____

Ethnicity: African American ____ Asian ____ Caucasian ____ Hispanic ____ Other _____

Required:

Father's Name: _____ Employer: _____ Work Phone: _____

Email: _____

Cell Phone: _____

Required:

Mother's Name: _____ Employer: _____ Work Phone: _____

Email: _____

Cell Phone: _____

List any medical problems or restrictions that player has: _____

Person to notify in an emergency: _____

Number of seasons played basketball: _____ Leagues played: ____ NYC ____ CYO ____ PARK & REC

In what NYC programs has this child participated? _____

School now attending: _____

Would you be interested in being a volunteer? ____ yes ____ no Contact number: _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

As the parent or legal guardian of the above named player, a minor, I agree that the registrant and I will abide by the rules of the Novato Youth Center's Basketball Program. Recognizing the possibility of physical injury associated with basketball and in consideration for the NYC accepting the registrant for its soccer program, I hereby release, discharge, and/or otherwise indemnify the NYC, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Basketball Program.

Signature of Parent/Guardian _____ Phone _____ Date _____

REGISTRATION INSTRUCTIONS

This Registration form **MUST BE RECEIVED BY MARCH 12, 2010.** Cost is **\$90 for 1st child** and **\$85 for additional siblings**; Discount for youth enrolled in Novato Youth Center childcare. Late registration forms will require a **\$10 per child late fee** and there is NO GAURANTEE that there will be space available on a team. Register by mail at 680 Wilson Avenue, Novato, CA 94947 **or** you may place a check or cash in the wall mailbox from 6:30am to 6:30pm weekdays and leave the form on the front desk; **or** leave both with the front desk receptionist. You can also register my faxing in the registration form with credit card number, expiration date and billing zip code. It is the policy of the Novato Youth Center to refund payment for programs only if the NYC cancels the program. There is a **\$25 Cancellation Fee per Child.**

NYC USE ONLY

Check# _____	Cash _____	Initial _____	Date _____	Player Fee.....	\$ _____	
				Late Fee.....	\$ _____	
				Total.....	\$ _____	