

**Clackamas Family YMCA**  
**2011 Fall Basketball League**  
For Boys Grades 9th-12th



Clackamas Family YMCA 10121 SE Sunnyside Rd Clackamas OR, 97015 503 654-8372

**Player Info:**

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work. Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Name \_\_\_\_\_ Height \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Email: \_\_\_\_\_  
T-Shirt Size: (circle one) YM YL - AS AM AL AXL AXXL School Attending \_\_\_\_\_

**Experience:**

(circle one) Competitive or Rec Yrs Played: \_\_\_\_\_ Organization(s) \_\_\_\_\_

**Volunteer:**

I volunteer as: (circle one) Coach Asst. Coach Team Parent Coach if no one else is available  
Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

Coach Request \_\_\_\_\_ Phone (If known) \_\_\_\_\_

Teammate Request \_\_\_\_\_ Phone \_\_\_\_\_

**Payment:**

I have enclosed a Check Cash for: \$90

To pay by credit card: Visa / M/C # \_\_\_\_\_ Exp. \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Waiver:**

Child's Name: \_\_\_\_\_ has my permission to participate in the YMCA basketball program, and to participate in photographs taken for publicity purposes. I acknowledge that this activity may be hazardous, and I release the YMCA of Columbia-Willamette from any liability to persons or damage to property. In an emergency, the YMCA has my permission to call an ambulance or take my child to any available physician, at my expense. **Requests for refunds must be received by first game, and take approximately 3-4 weeks to process.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Send payment and registration to: Clackamas Family YMCA 10121 SE Sunnyside Rd Clackamas OR 97015 503 654-8372