



2015 Buehler YMCA Winter Basketball League

Child's Name _____ Grade _____ Age _____ Male _____ Female _____

Date of Birth _____ Home Telephone _____ Cell Phone: _____

Parent(s)/Guardian(s) Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Child's T-Shirt Size : (Youth) S M L (Adult) S M L

Emergency Contact _____ Telephone _____

Address _____ Relationship _____

Volunteer Head Coach Yes ___ No ___ Name _____ Phone _____

Volunteer Assistant Coach Yes ___ No ___ Name _____ Phone _____

Allergies or medical conditions: List all known (medication, food, insect stings, etc.)

Authorized Pick-up (list individuals other than yourself authorized to transport to and from practices or games):

Table with 4 columns: Name, Relationship, Cell phone, Home phone. Contains 5 empty rows for data entry.

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Medical Release: I do hereby give permission for the YMCA of Metropolitan Chicago staff to transfer child named above off property for the purpose of medical care as deemed appropriate by the Director and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. Initials: _____