



# Community YMCA Panthers

## Basketball Registration Form 2016/17

Player's Name		Birth Date	Age Sept. 2016	Gender	Grade
First	Last	M    D    Y			
Street Address			City		
Province	Postal Code	Home Phone	E-mail Address		
Parent/Guardian		Relationship to Participant	Home Phone	Business Phone	Cell Phone
Parent/Guardian		Relationship to Participant	Home Phone	Business Phone	Cell Phone
EMERGENCY CONTACT		Relationship to Participant	Home Phone	Business Phone	Cell Phone
Name		Relationship to Participant	Home Phone	Business Phone	Cell Phone

### What Panthers Basketball Program are you registering for:

- |  |   |
|--|---|
| <p>_____ YMCA Panthers JRNBA (5 to 7 years) \$75.00</p> <p>_____ YMCA Little Dribblers (ages 5-7 years) \$65.00</p> <p>_____ YMCA Panthers Development Basketball Program \$100.00<br/>(8 to 16 years)</p> | <p style="text-align: right;">YMCA Panthers Rep Basketball Program (8 to 16 years)</p> <p>_____ Junior Mini (U10) \$235.00</p> <p>_____ Mini (ages U 12) \$235.00</p> <p>_____ Bantam (ages U 14) \$235.00</p> <p>_____ Midget (ages U 16) \$235.00</p> |
|--|---|

**Shirt Size:**    Child – SM    M    L    XL    Adult – SM    M    L    XL

### MEDICAL INFORMATION (REQUIRED):

Please specify if your child has any medical conditions and note the medication that they have been prescribed to take for these conditions:

Health Card Number: \_\_\_\_\_    Expiry Date: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_    Doctor's Phone Number: \_\_\_\_\_

**Medical Condition:** (Please circle)    Treatment/Medication: \_\_\_\_\_

- ADD/ADHD \_\_\_\_\_
- Autism \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Asthma \_\_\_\_\_
- Other: \_\_\_\_\_

Other Information: \_\_\_\_\_

Does your child have physical and/or developmental limitations that may require program adaptation?  YES  NO

If yes, please provide details: \_\_\_\_\_

**ALLERGIES:** My child is allergic to: \_\_\_\_\_

Mild  Moderate  Severe

Treatment/Comments: \_\_\_\_\_

### YMCA PERMISSIONS

Permission is hereby given for my child:

1. To be taken, by ambulance, for appropriate medical treatment in the event of an accident or sudden illness.
2. To participate in YMCA media events.  YES  NO
3. To have their photograph or video taken to be used within or outside of the YMCA for promotional material **AND/OR** to have their photograph or video taken to be used on the internet, in brochures and/or news releases.  YES  NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PARENT AUTHORIZATION

1. I have provided all relevant information regarding my child and understand that non-disclosure of information could lead to the cancellation of my child's registration.
2. I acknowledge that any payment by cheque or pre-authorized payments returned from the bank will be charged an NSF fee. All NSF balances must be paid in full within 15 business days or the registration will be cancelled. All overdue accounts will be sent to collections if they are not paid in full by the end of the month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SEND OR DROP OFF YOUR COMPLETED REGISTRATION FORM WITH PAYMENT TO:

Panthers Basketball Program  
Community YMCA  
2269 Gottingen Street  
Halifax, NS B3K 3B7

TEL: (902) 422-9622  
FAX: (902) 423-8530  
WEB: [www.ymcahalifax.ca](http://www.ymcahalifax.ca)

For Office Use Only

Method of Payment: Cash \_\_\_\_\_ Credit \_\_\_\_\_ Debit \_\_\_\_\_ Cheque \_\_\_\_\_ Kidsport \_\_\_\_\_ JumpStart \_\_\_\_\_ Other \_\_\_\_\_