

Ardmore Family YMCA BOYS Basketball 2025

Player's Name		
Age Birthdate _		_
Address	City	Zip
Mother's Name	Cell	#
Father's Name	Cell	#
Email Address	Ema	ail Belongs To
School Attending	Gra	de
	Cell er than parent)	#
Comments		
1st Grade 2nd Grade T-SHIRTS SIZES X-Small Small	e 3rd Grade 4th Grad	YES please No thanks
Vo	LUNTEERS NEEDED!	
The YMCA could not function without assist with your child's team, please	the important positions of volunteers. indicate below.	If you are willing to
Yes! I WILL volunte	er!!!	sistant Coac
Volunteer's name:	Ce	//:
REFUND POLICY	Y FOR 2025 THUNDER BASKET	
Prior to coaches meeting, refund	Is are available with a <i>\$15 processing</i> for medical reasons with a physician	

T-SHIRTS SIZES X-Small	Text me info on up- coming Y programs! YES please No thanks	
VOLUNTEERS NEEDED! The YMCA could not function without the important positions of volunt assist with your child's team, please indicate below. Yes! I WILL volunteer!!! Coach Volunteer's name: REFUND POLICY FOR 2025 THUNDER BA Prior to coaches meeting, refunds are available with a \$15 procedure in the procedure of the procedure in the procedure is a supplied to the procedure of the procedure in the procedure is a supplied to the procedure in the procedure is a supplied to the procedure in the procedure is a supplied to the procedure is a supplied t		
The YMCA could not function without the important positions of volunt assist with your child's team, please indicate below. Yes! I WILL volunteer!!! Coach Volunteer's name: REFUND POLICY FOR 2025 THUNDER BA Prior to coaches meeting, refunds are available with a \$15 process neeting, refunds will only be issued for medical reasons with a physignature parent/guardian		
The YMCA could not function without the important positions of volunt assist with your child's team, please indicate below. Yes! I WILL volunteer!!! Coach Volunteer's name: REFUND POLICY FOR 2025 THUNDER BA Prior to coaches meeting, refunds are available with a \$15 procedure to the prior to the prio	Adult SM Adult M	
Assist with your child's team, please indicate below. Yes! I WILL volunteer!!! Coach Volunteer's name: REFUND POLICY FOR 2025 THUNDER BA Prior to coaches meeting, refunds are available with a \$15 procedure to the procedure parent/guardian		
REFUND POLICY FOR 2025 THUNDER BA Prior to coaches meeting, refunds are available with a \$15 proceduceting, refunds will only be issued for medical reasons with a physignature parent/guardian	eers. If you are willing to	
REFUND POLICY FOR 2025 THUNDER BA Prior to coaches meeting, refunds are available with a \$15 proce neeting, refunds will only be issued for medical reasons with a phy signature parent/guardian	Assistant Coach	
Prior to coaches meeting, refunds are available with a \$15 proceneeting, refunds will only be issued for medical reasons with a physignature parent/guardian	Cell:	
N ' II ' INTROD DADTICIDANT WATER	ssing fee. After coaches	
Please sign the required MINOR PARTICIPANT WAIVER or	ssing fee. After coaches	
/MCA use only	sician note. Date	
CASH CHECK # CC Auth Pai	sician note. Date	



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING ARDMORE FAMILY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Ardmore Family YMCA facilities, services, equipment and premises ("Facilities") and any participation in Ardmore Family YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Ardmore Family YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)	Date
Parent/Guardian Signature	Parent/Guardian Name (Print Clearly)