



Cambridge Family YMCA  
 820 Massachusetts Ave  
 Cambridge, MA 02139  
 (617) 661-9622

Member #: \_\_\_\_\_

## Saturday Basketball Youth Registration Form

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian name at the same residence: \_\_\_\_\_

Weekend Phone: \_\_\_\_\_

### Please Check One:

\_\_\_\_ Rookies (Co-Ed, 5-8 years old)

\_\_\_\_ Juniors/Girls (9-12 years old)

\_\_\_\_ Intermediate (13-17 years old)

### Please Check One:

\_\_\_\_ Session One (Sept. 19-Nov. 7)

\_\_\_\_ Session Two (Nov. 14-Jan. 23)

\_\_\_\_ Session Three (Jan. 30-Mar. 20)

\_\_\_\_ Session Four (Mar. 27-May 15)

I, \_\_\_\_\_ give my child permission to participate in the Cambridge Family YMCA Saturday Youth Basketball Program. In the event that my child needs emergency care and I cannot be reached, I hereby permit the attending physician to provide the necessary care.

\_\_\_\_ (Optional) I give the Cambridge Family YMCA permission to photograph my child for uses in brochures, marketing, and mailings.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_