



WYSC 3on3 tournament

Basketball Registration Form

Child's Name : _____ Age: _____ Male Female

Home Phone: _____ Grade: _____ School: _____

Street Address: _____ City: _____ Zip: _____

Parent/Guardian Name or emergency contact:

print _____ Phone: _____

Additional phone: _____ email: _____

Insurance: It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all WYCS activities.

Authorizations and Release:

Photograph Permission: I give permission for WYSC to use any pictures of my child for future promotional purposes.

Medical Treatment:

I hereby give permission for my child to be given appropriate medical care and/or treatment by individuals trained to do so, or medical staff, to include basic first aid, CPR, or any other medically necessary procedure. In the event I cannot be contacted, I also give permission for my child to be transported to an emergency center for treatment. I further consent to the disclosure of health information for the purposes of appropriate medical treatment by a licensed physician or hospital selected by WYSC staff when deemed immediately necessary.

Release from Liability:

Recognizing that WYSC will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the WYSC employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury caused to my child or to me, occurring in the normal course of play or participation in this event.

I have read and understand the above and have completed this form to the best of my ability. I also support the WYSC Youth and parent code of conduct.

Signature of parent or legal guardian: _____ Date: _____