



YMCA of Greater Kalamazoo
Parent and Emergency Information Form
Youth Basketball

Player's Name _____ Email _____

Address _____

Telephone _____ Date of Birth _____ Age _____

Parent Name _____ Telephone _____

Emergency Contact

Name _____ Phone _____

Address _____ Cell _____

Relationship to Player _____

1. I hereby certify that the player is in good health and I accept responsibility for the player's health.
2. I give permission for the player to participate in the Youth Basketball Program.
3. I give permission for myself or my player's likeness to appear in video or photographs used to YMCA promotional materials.
4. I give my permission for the YMCA staff to take whatever steps necessary to seek emergency medical help for my player.
5. I have been given the concussion athlete fact sheet and the concussion parent fact sheet.
6. As a parent, I will support the parents and players on each team, coaches and referees in a positive manner. If I cannot support in a positive manner, I will leave the athletic facility my child is participating in for the remainder of the game. Any issues will be brought to the Director immediately.

Parent/Guardian Signature _____ Date _____