



YMCA of Greater Kalamazoo  
Parent and Emergency Information Form  
Youth Basketball

Player's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent Name \_\_\_\_\_

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 my player's likeness to appear in video or photographs use to YMCA promotional materials.
3. I give my permission for the YMCA staff to take whatever steps necessary to seek emergency medical help for my player.
4. I have been given the concussion athlete fact sheet and the concussion parent fact sheet.
5. 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.
6. My player is playing for/at the YMCA of Greater Kalamazoo Youth Basketball Program and is participating at his/her own risk. We are aware of the risks associated with playing during the COVID-19 pandemic and assume all related risks, both known and unknown to me.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_