

Piscataquis Regional YMCA Program Registration
48 Park St., Dover-Foxcroft, ME 04426, (207)564-7111 www.prymca.org

Program/Class Name: **Youth Basketball**

Rookies (3 yr olds)_____ Rookies (4/5 yr olds)_____ Veterans(6-8 yr olds)_____

Participant First Name:_____ MI:___ Last:_____

Date of Birth:_____ Email Address:_____

Parent's Name:_____ Relationship:_____

Address:_____ Home Phone:_____

Street

_____ Cell Phone:_____

City/Town State Zip Code

I am willing to help volunteer to coach: Yes_____ No_____

Emergency Contact Name:_____ Phone Number:_____

Are you or your child a current member: Yes_____ No_____

If applicable:

Are there any special needs or medical conditions your child has that we should be aware of?

Yes_____ No_____

If yes, please list:_____

Is your child currently taking any medication?_____

This waiver also grants permission for the PRYMCA to take and use photographs or video of the person named on the application for marketing and publicity purposes, specifically for the PRYMCA.

****Full Payment is due at the time of registration**** Member: \$30 Non-member: \$45

Cancellations: Any cancellations for youth sports after the start of the program are non-refundable. A late fee of 5% will be assessed on all charges which are 30 days past due.

Signature: _____ Date:_____

PRYMCA Representative: _____