



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ITTY BITTY BASKETBALL

ITTY BITTY IS FUN FOR PARENTS AND CHILDREN  
GREAT WAY TO LEARN SKILLS AND HAVE FAMILY TIME  
THIS PROGRAM IS OPEN FOR CHILDREN 3 TO 5 YEARS OLD  
AND THEIR PARENTS

cut or tear at dotted line and keep top portion

**P-R-I-N-T NEATLY**

Participant's Name \_\_\_\_\_

(first)

(last)

Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Work / Cell# \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Work / Cell# \_\_\_\_\_

**EMERGENCY CONTACT** (other than Parent/Guardian)

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**ITTY BITTY BASKETBALL WILL BE HELD AT CHURCH STREET GYM 4 SATURDAYS  
BEGINNING SATURDAY FEBRUARY 2<sup>ND</sup> THRU SATURDAY FEBRUARY 23<sup>RD</sup> 1:00 PM – 2:00 PM**

**FEES** Y Member: \$30.00 Non Member: \$45.00

The Baker County YMCA will not deny participation in any of its youth programs because of an individual's inability to pay the full program fee. Contact the YMCA Fitness Center, 3715 Pocahontas, Monday through Friday for information regarding limited, partial scholarships. Applications should be turned in *at least two weeks* before the sign-up deadline.

**WAIVER and AUTHORIZATION.** On behalf of my child: I certify that my child is in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities, however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for my child. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my child's participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damage and for any claims or causes of action arising from my child's participation in the program. I give permission for media to taken of my child(ren) to be used for YMCA promotional purposes.

**BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING**

Parent / Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**BRING COMPLETED FORM AND FEE TO:**

Sam-O-Swim Center  
580 Baker St.  
Baker City, OR 97814  
97814  
(541)523-8328

OR

Baker County YMCA  
3715 Pocahontas Rd.  
Baker City, OR  
(541)523-9622

**FOR OFFICE USE**

Amount Paid \$ \_\_\_\_\_

Receipt # \_\_\_\_\_ Date \_\_\_\_\_