

Mt. Markham Area Youth Association
Kindergarten – 4th Grade
2012 - 2013 BASKETBALL REGISTRATION
Registration Fee: \$15
ROSTERS CLOSE ON NOVEMBER 22nd.
Make checks payable to MMAYA

This Section is to be filled out by MMAYA Board Members only.

- Paid (Amount: _____) Date: _____ Collected by: _____

Child's Information (Please fill out a new form for EACH child.)

Name (last name first): _____

Date of Birth: _____ K -1st 2nd- 3rd 4th Gender: M F

Home Phone #: _____ Other Phone#: _____

e-mail: _____

Child's Shirt Size (*check one*):

- Youth Sm (5-6) - Youth Med (7-8) - Youth Lg (10-12)
 - Adult Sm - Adult Med - Adult Lg - Adult XL

Children will build their skills much more easily with more individualized attention and more opportunities to play. To that end, we need YOUR help! In order to keep team sizes down, we are looking for COACHES and VOLUNTEERS! We need help at all levels. If you would like to help, please check one of the boxes below.

- I am willing to be a coach. (Please indicate shirt size: _____)
- I am willing to be an assistant coach. (Please indicate shirt size: _____)
- I know someone willing to Coach. (Please give name: _____)

The MMAYA is looking to expand its sponsorship opportunities. If you are interested in becoming a sponsor, please check the boxes that apply.

- I would be interested in sponsoring a team this season (business name on team shirts).
- I would be interested in placing my business card/logo on a schedule.

PHOTO RELEASE: The MMAYA will be taking group photos as well as some candid during the season. These photos will appear on our website and Facebook page. NO NAMES WILL APPEAR WITH THE PHOTOS. Please indicate below whether you grant permission for your child's picture to appear on these sites.

- I give the MMAYA permission to use photos of my child in publications of their choice.
- I **do not** give the MMAYA permission to use photos of my child in any publications.

Continued on reverse side

If your child needs medical, dental, health, or hospital services, you as parent must give permission. It's the law.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay, which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for the unexpected care your children might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach, you can

give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors – anyone who is over 18 years of age to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children.

KEEP THIS FORM UNTIL NEEDED

After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person – physician, dentist or hospital representative.

authorization for medical treatment of minors

NAME OF MINOR	BIRTHDATE	IDENTIFY ALLERGIES OR SPECIAL CONDITIONS

I/We, being parent(s) or legal guardian(s) of the above named minor, do hereby appoint:

NAME COACH	ADDRESS MMAYA	PHONE
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To act on my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence, from:

MONTH January	DAY 01st	YEAR 2014	through	MONTH March	DAY 30th	YEAR 2014
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This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN		PARENT/GUARDIAN	
SIGNATURE		SIGNATURE	
ADDRESS	DATE	ADDRESS	DATE

HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED MINOR

INSURANCE COMPANY OR GOVERNMENT PROGRAM	I.D. OR CONTRACT NUMBER
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FAMILY PHYSICIANS:

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER
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PARTICIPANT RELEASE OF LIABILITY

I, the undersigned, am the legal parent or guardian of the above-named child. I grant permission for him/her to participate in all activities of the Mt Markham Area Youth Association Basketball program. I hereby release the MMAYA, and all of its officers, coaches, volunteers and the village of West Winfield, Mt Markham Schools district, and all other towns where games may be played, from any liability incurred by my child while engaged in any activity of the MMAYA or its member teams. I understand that participating in this athletic program is potentially dangerous and that physical injury may occur to my child as a result of his/her actions or the actions of other participants. I also release the MMAYA, village of West Winfield, coaches, and volunteer drivers from any liability for any injury incurred by my child while traveling to and from the playing fields in order to participate in the MMAYA Basketball Program. I hereby give permission for any and all emergency medical attention necessary for my child in the event of an accident, injury, or sickness, etc., under the direction of the coach or assistant coach of the team until such time as I may be contacted. This release is effective until revoked by me. I also assume responsibility for payment of such treatment.

Parent/Guardian Signature: _____ **Date:** _____

Please print your name: _____