



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SLAMMIN' GOOD TIME! MIDNIGHT BASKETBALL IS BACK



CLARK COUNTY FAMILY YMCA
Fridays, March 8th–April 26th
7pm–10pm
Free transportation provided

Midnight Basketball is an 8-week basketball program for middle and high school, male and female, students ages 12–18.

\$10.00 fee, *limited to 150 participants.

Teens will have fun and stay active while learning about the Y's four core values of caring, honesty, respect and responsibility.

Teens who participate in a minimum of 5 weeks of the program will receive a t-shirt and a season-end pizza party.

For more information contact: Tanya Bell at 812-283-9622 or tbell@ymcalouisville.org





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PARTICIPANT INFORMATION

Name: _____

Gender: Male / Female Birthdate: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Does your child have any medical conditions we should be aware of? Please Explain:

T-shirt Size (all sizes are adult sizing) Small Medium Large XL 2XL

PARENT/GUARDIAN INFORMATION

Name: _____

Home Phone: _____ Work Phone: _____

Interested in coaching and/or volunteering with the league: Y or N

EMERGENCY CONTACT (OTHER THAN PARENT TO CONTACT IN AN EMERGENCY):

Name: _____

Home Phone: _____ Work Phone: _____

TRANSPORTATION

Will you be in need of FREE transportation? YES NO

Pick up/Drop Off Locations (check one)

- | | |
|--|---|
| <input type="checkbox"/> Boys and Girls Club (on Ekin Ave) | <input type="checkbox"/> Griffin Street Recreation Center |
| <input type="checkbox"/> YMCA Floyd County Branch | <input type="checkbox"/> Fulton Terrace (off Main St) |
| <input type="checkbox"/> Gilt Edge Baptist Church | <input type="checkbox"/> National Ave |

WAIVER AGREEMENT

I, undersigned, do hereby give my consent for the staff on the Midnight Basketball, to pick up and transport my child to and from the designated pick up/drop off locations. I understand that participation in the YMCA activities includes the risk of injuries, illnesses or death. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illnesses, which may result from my participation in these activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. I understand that the YMCA cannot be responsible for personal property lost or stolen while guests, member and/or program members are using YMCA facilities or on YMCA premises. There may also be times when the YMCA may take photographs (or other digital images) of myself or my children participating in activities. Those images may appear in the YMCA's, promotional materials or publications, including electronic publications. By signing this form, I am giving permission to the YMCA to use my image or those of my children for the purposes listed above.

Signature: _____ Date: _____