



ZYEP Youth Basketball League

Ages 6-8 & 9-12

ATTENTION: ZYEP is committed to the safety of all participants. For this reason, all players must provide official documentation of date of birth. Applications are first come first served and will not be considered complete until official proof of birthdate is received.

Player Information:

(Please complete one application per child)

Player's Name: _____
Age: _____ (must be 6 by start date 3/1/15 and cannot be 13 by 4/30/2015)
Birthdate: _____ Sex: (circle) M / F
Does ZYEP have birth certificate on file? ___ Yes ___ No ___ I don't know
Parent/Guardian: _____
Telephone (best contact #): _____
Alternate Number: _____
Street Address: _____
PO Box: _____
E-Mail Address: _____
Emergency Contact: _____
Emergency Contact #: _____

Reminder: Parents MUST stay with child(ren) until coach arrives at the practice location, and parents MUST be present at the end of practice.

Medical problems, medications or allergies:

Parents: Would you like to help coach? (circle) Yes No

Team Info: Let us know if you have siblings that need to be on the same team or children of a coach that need to be with that coach. We will accommodate these requests as well as we can. Also note if playing for the team practicing in Ramah.

Sign up quickly, we can only take the first 60 in each age category.

March-April, 2015

Games will be Friday Nights or Saturday Mornings.

Practice Mon/Wed or Tues/Thurs

Please drop off forms at the ZYEP office (KSHI Building) ASAP, Participation is first come first serve, so sign up early!! Any questions call Michela at 782-2184

Waiver:

I, the below signed, as official parent/guardian of the above player, certify my child to be in good health and give my permission for their participation in this ZYEP sponsored basketball league. I recognized the possibility of injury associated with basketball and authorize all emergency and medical treatment which may be needed in the event of any injury. I also understand that insurance coverage is my own responsibility through my individual or family plan described above. I agree to defend, indemnify and hold harmless Zuni Youth Enrichment Project and employees and the host club, organization and township in the event of injury to my child. I give permission for my child to be photographed or filmed and have no objection to the use of photographs in promotional and fundraising material.

Parent/Guardian (Sign) _____ Date: _____

Office Use only: Rcv'd: _____ Entr'd: _____ DOBChk: _____ On File: _____