



Media Youth Center
2011-2012 MY Futures Media Hoops
Registration Form & Parent Release

| | | |
|----------------------------|-------------------------------|--------------------------------|
| FOR OFFICE USE ONLY | | |
| Payment Method: | <input type="checkbox"/> Cash | <input type="checkbox"/> Check |
| Check Number: | Amt: _____ | |
| Rec'd By: _____ | | |

Welcome to another season of MY Futures Media Hoops League here at the Media Youth Center! Due to changes required of the Media Youth Center and all non-profits, we are converting to electronic capture of information for all event participants. Please type all requested information into each related box. You should cut and paste repeated information for multiple players, but please do not type "same" or leave cells blank.

Player's Information

| ID | Player Last Name | Player First Name | Male or Female | Primary Street Address | City | Zip Code | Municipality | Date of Birth (MM/DD/YYYY) | Current School | Current Grade | Returning or New Player (R or N) | Player Experience Compared to Peers (None; Less; Same; More) |
|----|------------------|-------------------|----------------|------------------------|------|----------|--------------|----------------------------|----------------|---------------|----------------------------------|--|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |

Mother's Information

| ID | Mother Last Name | Mother First Name | Primary Street Address | City | Zip Code | Cell Phone e.g. 610-xxx-xxxx | Home Phone e.g. 610-xxx-xxxx | Work Phone e.g. 610-xxx-xxxx | Primary Email Address | Secondary Email Address | Occupation | Employer |
|----|------------------|-------------------|------------------------|------|----------|------------------------------|------------------------------|------------------------------|-----------------------|-------------------------|------------|----------|
| 1 | | | | | | | | | | | | |

Father's Information

| ID | Father Last Name | Father First Name | Primary Street Address | City | Zip Code | Cell Phone e.g. 610-xxx-xxxx | Home Phone e.g. 610-xxx-xxxx | Work Phone e.g. 610-xxx-xxxx | Primary Email Address | Secondary Email Address | Occupation | Employer |
|----|------------------|-------------------|------------------------|------|----------|------------------------------|------------------------------|------------------------------|-----------------------|-------------------------|------------|----------|
| 1 | | | | | | | | | | | | |

Player's Primary Insurance Information

| ID | Name of Player's Primary Medical Insurance Provider | Policy Number | Group Number |
|----|---|---------------|--------------|
| 1 | | | |

PLEASE READ, PRINT, AND SIGN THE FOLLOWING PAGE

Media Youth Center Player & Parent/Coach Code of Conduct

As a member of the Media Youth Center family, I promise to do the following:

- 🌐 Recognize and praise effort over outcome
- 🌐 Allow the coaches to coach, the referees to ref and the players to play
- 🌐 Act as a role model by respecting myself & others and promoting fair play in all situations
- 🌐 Remember that the program is about having fun and learning the sport

Date

Signature of Parent/Guardian

Signature of Player

Media Youth Center Permission Form & Hold Harmless Agreement

I, the Parent/Guardian of _____ hereby give my approval for his/her
(Name of Child)

participation in any and all Media Youth Center activities. Further, I agree that all the information given on my registration form is true and correct to the best of my knowledge, information and belief.

I agree that my medical insurance is the primary coverage in the event my child is injured as a result of participation in any and all activities at the Media Youth Center and any facilities used for our activities participation. To the best of my knowledge, my child is physically able to participate in any of the Media Youth Center activities. I further agree that I and my child will abide by any and all rules, regulations and procedures established by the Media Youth Center. I do hereby release, remove, indemnify and hold harmless the Media Youth Center, its organizers, sponsors, members, agents, supervisors, directors and/or employees, as individuals or as a group from any and all activities of the Media Youth Center, including transportation to and from said activities, whether or not cause for claim was through direct or indirect negligence of the Media Youth Center, its organizers, coaches, sponsors, agents, supervisors, directors and/or employees. I have read the agreement in its entirety and fully understand its meaning and consent.

Date

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Media Youth Center Photo Release Statement

Photo Release Signature: _____

By signing above, I authorize the Media Youth Center to photograph my child for marketing, fundraising and publicity purposes.