



**Media Youth Center
Media Hoops
Registration Form & Parent Release**

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

PLAYER INFORMATION

Player Name: _____ Grade: _____ Date of Birth: _____

Gender: M F

Primary Address: _____

City: _____ State: _____ Zip: _____

Municipality: _____ School: _____

PLAYER ASSESSMENT

To the best and most honest of your ability, please assess your child's level of experience in organized basketball. This assessment is one of the tools we will use in the team selection process, which is a combination of your input along with the coaches' and Media Youth Center's evaluations.

When compared to his/her peers, my son/daughter has this level of organized basketball experience...

None Less As much A little more The most

PARENT/GUARDIAN INFORMATION

Mother's Name/Legal Guardian: _____

Address (if different from above): _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ E-mail Address: _____

Occupation: _____ Employer: _____

Father's Name/Legal Guardian: _____

Address (if different from above): _____

Home Phone #: _____ Cell Phone #: _____

Work #: _____ Email Address #: _____

Occupation: _____ Employer: _____

MEDICAL INSURANCE INFORMATION

Name of Medical Insurance Carrier (Primary): _____

Policy #: _____ Group # (if applicable): _____

PLEASE SEE THE OTHER SIDE

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

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.