



Rochester Youth for Christ in collaboration with Rochester Churches.

# All-Star Youth Basketball Registration Form

**SENIOR BOYS LEAGUE (AGES: 14 – 18)**

## Participant Information

Player Name: First: _____ Last: _____		Date of Birth: _____	Age: _____	Circle One M / F
		School you Attend: _____		Grade: _____

Start weight \_\_\_\_\_ Mid season weight \_\_\_\_\_ End Season weight \_\_\_\_\_

## Activity Information

Participant Jersey/Adult T-shirt Size: Circle only one Sm / Med / Lg / XL / XXL	<i>All-Star Basketball is funded by donations from individuals, families, Rochester churches, and local businesses. The actual cost per player is over \$200, if you would like to make a tax-deductible donation to this program we would be very grateful for your support and encouragement.</i>
	Donation: \$ _____

## Primary Adult / Legal Guardian Information (Please Print)

Adult Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street _____	Home Telephone: _____
City _____	Work Telephone: _____
State _____ Zip _____	Cell or Pager: _____

E-Mail Address: \_\_\_\_\_  Private  Business

## Emergency Contact Information

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

## Medical Information

Medical Condition: _____	Medication: _____	Allergies: _____

### Release of Photographs

By signing this release, the undersigned understands and agrees that photographs may be taken during recreation programs and the undersigned hereby gives permission to have his/her photo taken and authorizes the use and reproduction of said photos by All-Star Basketball and Rochester Youth for Christ, Inc. All negatives and prints are the property of All-Star Basketball and Rochester Youth for Christ, Inc.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If Participant is under the age of 18, his/her legal guardian hereby authorizes the use of the photos as stated above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

### Liability Waiver / Medical Treatment Consent

*In order for us to process your registration(s), you must sign the Liability Waiver / Medical treatment consent after you have read and agreed to the terms. Registrations where the waiver/consent has been altered will not be processed.*

In consideration for my and/or any of my family members participation in the All-Star Basketball Program that I wish to register for, I voluntarily RELEASE ROCHESTER YOUTH FOR CHRIST, Inc. and their OFFICERS, AGENTS, EMPLOYEES and VOLUNTEERS (hereinafter referred to as "Releases") from any and all liability for injuries or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family members participation in the All-Star Basketball program, or the use of any of the facilities in connection with this program. I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the injury or death or property damage suffered by me or any of my family members participating in this program. I further agree to INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from participation in this program whether caused by any negligent act or omission of the RELEASEES.

I further understand that serious accidents may occur in the All-Star Basketball Program that I am registering for, that participants in this program may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this program. Knowing the risks of said event, nevertheless, I HERBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW ALL OF THOSE PERSONS MENTIONED ABOVE WHO THROUGH PASSIVE OR ACTIVE NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME FOR DAMAGES.

It is further understood and agreed that this waiver, release, hold harmless and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns.

I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for me or my family members in case of illness or accident during such program(s). In the event of injury, and if a parent cannot be reached, emergency services will be contacted to transport the injured to the nearest hospital.

***By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above.***

Sign Here \_\_\_\_\_ Date: \_\_\_\_\_

**Mailing Address:** P. O. Box 30069, Rochester, NY 14603

Tel.: (585) 256-5050

**YFC Facility Address:** 1 Favor Street, Rochester, NY 14608

Fax: (585) 256-5051

**Website: [www.yfcrochester.org](http://www.yfcrochester.org)**