

Teen Basketball Winter 2018



Improve your technical and tactical skills while staying in shape this winter

Develop your technique, run drills, and stay fit! Whether you want to master the basics or you're looking to perfect your jump shot, you'll have something to learn from **Global Professional Sports**.

Date: Tuesdays, January 16 through March 20

Time: 5:30 – 6:30pm

Grades: 6th - 8th

Location: The Y, 54 Nagle Avenue

Cost:

- Full series of 10 sessions: \$50
- Walk-ins (per session): \$10

For more information, contact Rodger at 212-569-6200 x255 or ramallo@ywashhts.org.



YM&YWHA of Washington Heights & Inwood

54 Nagle Avenue
New York, NY 10040

212-569-6200
www.ywashhts.org





Teen Basketball Registration Form

General Information

Teen 1's Name: _____ DOB: _____ Age: _____

Teen 1's School: _____

Teen 2's Name: _____ DOB: _____ Age: _____

Teen 2's School: _____

Guardian's Name: _____ Address Line 1: _____

Email: _____ Line 2: _____

Preferred Phone: _____ City: _____ State: _____ Zip: _____

Health Information

Does your teen have any special needs, allergies, or health conditions about which we should be aware?

Teen 1: Yes No If yes, please explain: _____

Teen 2: Yes No If yes, please explain: _____

Emergency Contact Information

Name 1: _____ Relationship: _____ Phone: _____

Name 2: _____ Relationship: _____ Phone: _____

Releases

I acknowledge and agree that my child's participation in the YM&YWHA of Washington Heights & Inwood ("the Y") teen basketball program involves inherent risks and I hereby release and hold harmless the Y, its officers, directors, agents, employees, volunteers, independent contractors, and any other person associated with the Y, from any liability for injury to my child to the greatest extent allowed by law. I freely assume said risks and any resulting expense for me and on behalf of my child, and I hereby release, waive, discharge, and agree not to sue the Y (or its associated persons listed above) if a known or unknown hazard relating to any activity causes injury to my child.

Signature: _____ Date: _____

I hereby grant permission, without reservation, to the YM&YWHA of Washington Heights & Inwood ("the Y"), United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. ("UJA-Federation"), and JCC Association of North America ("JCCA") (collectively the "Agencies"), and those authorized by the Y, to take photographs and to make recordings of me and/or my child(ren) as listed below, and to use them in original or modified form in all media now or hereafter known, with or without my/my child(ren)'s name or information about me/him/her, for the promotion, public education, and/or the Agencies. I hold harmless and release and forever discharge the Agencies, their officers, directors, agents, employees, independent contractors, affiliated agencies, licensees, and assignees from all claims, demands, and causes of action that I, my children, our heirs, representatives, executors, administrators, or other persons acting on behalf of my or my child(ren)'s estate, have now or in the future may have, relating to the above. I also agree that the Y will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition.

Signature: _____ Date: _____

Payment Information

I am signing up for: Full series of 10 sessions Walk-In

Please choose a payment method.

Cash Credit/debit card

Please circle your card type: Visa MasterCard Discover

Card Number: _____ Expiration Date: _____

Name (as it appears on card): _____

Signature: _____ Date: _____