

2018 REACH Basketball Registration

Information: *Please print!*

Participant Name _____ Birthdate _____
 Parent / Guardian Name(s) _____ Relationship to Participant _____
 Parent / Guardian Phone #1 _____
 Parent / Guardian Phone #2 _____
 Address _____
 City _____ Zip _____

Medical Information: *Please note essential medical information regarding the participant, including allergies.*

T-shirt Size (Circle one): Youth: S M L Adult: S M L XL 2XL 3XL

Note: If registration is received after January 15, your requested shirt size may not be available.

I understand that a parent/guardian must remain in the gymnasium for the duration of each session. Please initial: _____

Please register me for the following session(s)*:

Session 1: Boys & Girls Club, Seaside
 1332 La Salle Ave., Seaside
6 Saturdays • 11 am - 12 pm
 2/3, 2/10, 2/24, 3/3, 3/10, 3/17
(Note: No session on 2/17)
Cost: \$55

Session 2: Salinas Community YMCA
 117 Clay Street, Salinas
6 Sundays • 1:30 pm - 2:30 pm
 2/4, 2/11, 2/25, 3/4, 3/11, 3/18*
(Note: No session on 2/18)
** Session on 3/18 begins at 1:00 pm*
Cost: \$55

Mail or drop off forms, *with payment**, to: **Special Kids Crusade**
1900 Garden Road, Suite 230
Monterey, CA 93940

*Make checks payable to *Special Kids Crusade*. If registration is received after January 15, your requested shirt size may not be available. If you wish to register the same child for both sessions, the cost is \$95 total and one t-shirt will be issued. Space is limited and participation will be granted on a first-come, first-served basis. Your payment reserves your spot. Sorry, no refunds for accepted applications. A small number of need-based partial scholarships are available. For more information, call (831) 372-2730.

LIABILITY / WAIVER AND PERMISSION FORM

I understand that my child must be healthy and reasonably fit in order to participate safely in program activities, and I will inform program staff of any ailment, condition, or injury that may affect his/her ability to participate safely. I do hereby certify that to the best of my knowledge and belief that my child is in good health.

I give permission for my child to participate in the REACH program named above. I understand that activities may involve certain risks of physical activity and possible injury and that staff and volunteers will provide each participant with reasonable care, but that Special Kids Crusade and/or its community partnering organization cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child participate and I ASSUME the RISK of his/her participation. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Special Kids Crusade, its community partnering organizations(s) and their respective staffs, volunteers, and boards, from any and all claim and/or cause of action arising out of and related to my child's participation in this program/event.

If an injury or other medical condition occurs or arises during my child's participation in this program/event, I hereby give permission to program staff or volunteers to provide first aid. In the event that I cannot be reached in such an emergency, I hereby give permission for the staff to seek emergency treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medial, surgical or dental diagnosis or treatment are considered necessary in the best judgment of the attending emergency medical personnel, physician, surgeon or dentist.

If such medical treatment is necessary, I agree to assume full responsibility for such actions, including payment of costs.

I certify that I have legal custody of and responsibility for the above named child. If I have joint custody of this child, I further certify that I have notified the other parent or responsible party of his/her participation in this program.

I acknowledge that I have carefully read this document and understand the information in it. I agree to each of the terms and acknowledgements above.

Parent Signature **Date**

Printed Name **PUBLICITY/IMAGE/VOICE PERMISSION**

REACH programs may be photographed, videotaped and/ or audiotaped for program promotional, fundraising and/or educational purposes. Your signature signifies your agreement to the use of these pictures, audio and/or videotapes for promotional, fundraising and/or educational purposes without compensation.

I agree to the above conditions and give permission for my child to be photographed, videotaped and/or audiotaped as part of the REACH program.

Parent Signature **Date**