

RAVENSWOOD YOUTH ATHLETIC ASSOCIATION

1290 Cypress Street • East Palo Alto • CA • 94303 • (650) 331-0382 • <http://www.ravenswoodsports.org>



Upward Basketball Player Registration Form

Player Contact Information

First Name/Nombre		Last Name/Apellido	
Address/ Dirección			
City/Ciudad		Zip	Home Phone#/ Teléfono
Player Cell Phone #	Player Email Address		

Birthdate/ Fecha de Nacimiento		Experience/Experiencia yrs./años	
School/Escuela		Grade	Gender/Sexo M <input type="checkbox"/> F <input type="checkbox"/>
Church/Iglesia		Circle nights player can not practice M T W Th F	
Ride Share Names			

Emergency and Medical Information

Emergency Contact (not living with child)/Contacto de Emergencia (no viviendo con ustedes)	Emergency Contact Phone #/Teléfono
Disabilities, handicaps, allergies to medication, current injuries, etc. / desventajas, alergias a la medicación, lesiones, etc.:	

Father/Padre

First Name/Nombre	Last Name/Apellido	Home Phone/Teléfono en casa	Cell Phone
Work Phone/Telefono de trabajo	Email	Volunteer as: <input type="checkbox"/> Coach/Entrenador <input type="checkbox"/> Referee/Arbitro <input type="checkbox"/> Other:	
Occupation and skills (e.g. landscaping, plumbing, data entry, translation, etc.)/ ocupación y capacidades (cómo jardinero, fontanero, entrada de datos)			

Mother/Madre

First Name/Nombre	Last Name/Apellido	Home Phone/Teléfono en casa	Cell Phone
Work Phone/Telefono de trabajo	Email	Volunteer as: <input type="checkbox"/> Coach/Entrenador <input type="checkbox"/> Referee/Arbitro <input type="checkbox"/> Other:	
Occupation and skills (e.g. landscaping, plumbing, data entry, translation, etc.)/ ocupación y capacidades (cómo jardinero, fontanero, entrada de datos)			

PERMISSION TO PARTICIPATE: I, the undersigned parent or legal guardian of the child named on the reverse side of this form, authorize the participation of my child in the RYAA basketball program (Program). I understand that this Program is a non-profit, faith-based sports ministry program for youth and that my child's participation is voluntary. I understand that the program is conducted by the Ravenswood Youth Athletic Association, Inc. (RYAA), and its associated Churches, volunteers and staff, including parents of other participating children. I understand that RYAA is solely responsible for all aspects of the Program, including selection and supervision of all persons conducting the Program, and that Upward Unlimited is not responsible for the Program.

CONSENT TO MEDICAL TREATMENT: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, the above-identified Emergency Contact and/or other RYAA officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent on my behalf to medical, surgical or dental examination and/or treatment. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child.

CONSENT TO USE PHOTOGRAPHS AND VIDEOS: I, the undersigned parent or legal guardian, consent to the use of photographs and videos of my child by RYAA for promotional purposes, and without compensation.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: In consideration of being allowed to participate in the RYAA athletic sports programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, discharge and hold harmless the Ravenswood Youth Athletic Association, Inc., Upward Unlimited, participating Churches, and their directors, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law, whether arising from negligence or otherwise.

If any provisions of this agreement are deemed invalid, the remaining provisions shall remain in full force and effect.

I have read the above statements, I understand that I and the above player have given up substantial rights by signing this form and agreeing to these terms, and I agree to these terms freely and without inducement.

Parent Signature: _____

Date: _____

Evaluations

Sizing (To be completed at sizing station)

Height	Weight	Uniform Size YS YM YL AS AM AXL A2X
--------	--------	---

Skills

Lane Shooting	Right Side Shot	Left Side Shot
Defensive Slide	Right Hand Dribble	Left Hand Dribble
Total		

For Office Use Only

Check #	Amount