



# Never Give Up Coaching & Life Skills Group 81

www.nevergiveup81.com

Registration/Waiver

Please fill out the following registration/waiver form:

Players Name:	
Grade:	School:
Parent Name:	Relationship:
Address:	Cell #:
Email:	
Parent Name:	Relationship:
Address:	Cell #:
Email:	
<b>Emergency Contact Name:</b>	
<b>Emergency Contact Number:</b>	
<b>Preferred Hospital:</b>	
Insurance Carrier:	
<b>List Allergies &amp; Special Medical Conditions:</b>	<b>I consent for coaches to be in contact with educators if attendance, behaviors, or questions arise.</b> <input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b>
<b>Agreement, Waiver, and Release for Minor</b>	
<p>I am aware that participation in the Never Give Up Coaching &amp; Life Skills Group 81 basketball program has some inherent risks and injury can occur. I hereby authorize the Coaches of this program and the YMCA to act for me according to their best judgment in any emergency requiring medical attention to my son/daughter. I waive and release the YMCA, its coaches, volunteers, Sioux Falls School District 49-5 from all claims for personal injury. I will be responsible for any medical or other charges in connection with his/her involvement in the program. I hereby expressly permit said minor child to travel by private automobile to activities and events related to the basketball program if I am not able to. I hereby give consent to allow photographs/Video of said minor. I understand the pictures may be used by their schools, YMCA, and Never Give Up Coaching &amp; Life Skills Group 81. I attest I am eighteen years or older and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. I have read this waiver and agree to the contents.</p>	
<b>Parent (Guardian) Signature:</b>	<b>Date:</b>

Thank you,  
Coach Beckahh & Katie  
605-681-6929  
Call/Text for additional information