

REGISTRATION FORM

PROGRAM OVERVIEW

The program allows area youth to travel and compete in basketball tournaments throughout Texas. In addition to on court activities, **basketball functions as a vehicle for change**. It serves as the medium for **mentoring participants** through life lessons, **driving home the importance of education**, and providing an opportunity to be **exposed to experiences outside of East Texas**. The program operates on these three pillars:

1. **Connecting with the Community** – through outreach and community involvement
2. **Sports as a Vehicle of Change** – by challenging our participants to think outside the regularity of their lives and using sport as our classroom for life lessons
3. **Work Hard, Have Fun, & Be Successful** – by giving the coaches their best and enjoying the experience the scoreboard can never dictate whether our participants win or lose

PARTICIPANT INFORMATION

I voluntarily choose to allow my child to participate in the Sixers Summer Youth Basketball program by providing his or her information below. All participants will be covered by his or her (or guardian) personal health coverage.

PARTICIPANT INFORMATION:

Name (Please print clearly): _____

Grade (Current school year): _____ Grade Level (Next school year): _____

Age: _____ Date of Birth: _____

Address (Street): _____

City/State: _____ Zip Code: _____

Email: _____ Cell Phone: _____

GUARDIAN INFORMATION:

Name (Please print clearly): _____

Email: _____ Cell Phone: _____

Participant's Physician: _____

Physician Phone: _____

Please list any medical conditions and/or any medication that participant is currently taking:

LIABILITY WAIVER

By signing below I agree to cover and hold harmless Texas Youth Advocates, including its Board of Directors, Staff and Sponsors, from any and all claims or demands, costs of expenses, which may result from participating in Texas Youth Advocate programming. I authorize Texas Youth Advocates officials, coaches, and volunteers to administer emergency medical treatment for the above named participant and notify the proper authorities should an injury occur. **TEXAS YOUTH ADVOCATES DOES NOT CARRY ACCIDENT INSURANCE FOR PROGRAM PARTICIPANTS. PARTICIPANTS WILL BE COVERED SOLELY BY THEIR OWN (or GUARDIANS) MEDICAL INSURANCE.**

MARKETING DISCLAIMER

Texas Youth Advocates reserves the right to post any program related pictures or videos of activities to TYA social media outlets, websites or local newspaper.

PARCIPANT SIGNATURE: _____ DATE: _____

GUARDIAN SIGNATURE: _____ DATE: _____

Address: 617 E. Lacy St. Palestine, TX 75801 • Email: texasyouthadvocate@gmail.com

• Web: www.texasyouthadvocate.org • Phone: 903.948.8920