



SWAN Youth Basketball Program

REGISTRATION APPLICATION

*In cooperation with staff please complete this form. If you have any questions or concerns about the Program, please discuss with the Program Operator. For Youth ages 6 - 18.

Youth Information

Name _____ Birthdate _____ Grade _____
Address _____ Email _____ Age _____
School _____ Gender _____ Ethnicity _____

Parent/Guardian Information (Emergency Contact)

Emergency contact _____ Relationship _____

Employment Status:

- Employed** **Unemployed**
 Retired **Disabled**
 Student **DHS**

Address _____

Phone _____ Email _____

*If Employed:

Employer Name _____

Employer Address _____

City, State, Zip _____

Medical Information

Physician Name _____

Health Insurance Carrier _____

Address _____

Insurance # _____

Phone _____

Medication _____

Medical Conditions _____

Terms and Conditions: Confirmation

I _____, am the Parent/ Guardian of _____
understand that the supervisor of my child will be Ralph Hay and they can be reached at (585) 766-9093
should any questions/issues arise. Program days are: **Monday**, and **Wednesday** from 6:30 - 8pm

Parent/Guardian Name: (Please Print) _____

Date _____

Parent/Guardian Signature: _____