Kirtland Youth Association, Inc.
 # 39 Road 6500 Kirtland, NM 87417 (505) 598-9156
2025 – 2026 Winter Basketball Program

Registration Form

Date: _____

REGISTRATION NEEDS TO BE PAID IN FULL BEFORE THE PLAYER IS ELIGIBLE FOR THE DRAFT (NO CHECKS ACCEPTED).

THERE ARE NO REFUNDS AFTER THE DRAFT HAS BEEN DONE. YOUR ENTRY FEE WILL BE CONSIDERED AS A DONATION.

Grade: **2 3** Gender: **Male Female**

Youth T-Shirt Size: ARE ONLY FOR 2 & 3 GRADE

Medium (10-12), **Large** (14-16), **X-Large** (18-20)

OR

Grade: **4 5 6 7 8** Gender: **Male Female**

Adult T-Shirt Size:

Small Medium Large X-Large

(Please Print Clearly)

Player Name: _____

Birth Date: _____ Age: _____ School: _____

Phone #1: _____ Phone #2: _____ Phone # 3: _____

Mailing Address: _____

Physical Address: _____

Parent OR Guardian Names: _____

Emergency Contact Information: *(Please list two emergency contacts other than those listed above)*

_____

Name Relationship Home# Work# Cell#

_____

Name Relationship Home# Work# Cell#

Do you have health insurance: Yes No Name of Insurance Company: _____

Policy Number: _____

Name of Family Physician or Clinical Provider: _____

My child is presently under the following medical treatment or taking the following medication(s): _____

My child is presently allergic to the following medication(s): _____

Describe any other physical limitations or problems that should be known by the coach(s) or emergency medical personnel (e.g. hearing problems, hemophilia, diabetes, arthritis, etc): _____

Emergency Medical Release:

If emergency medical care is deemed necessary and I cannot be reached, I authorize the Kirtland Youth Association, Inc. to act on my behalf in granting permission for my child to receive emergency medical treatment.

Parents Name: _____ Date: _____

PLAYER'S CODE OF ETHICS

Please read carefully

- I will attend every practice and game that it is reasonably possible for me to attend and call the coach if I cannot attend.
- I will pay attention to the coach and not waste time by behaving poorly during practice. I will do my very best to listen and learn from my coach's.
- I will show respect for my coach, my teammates and my opponents at every game and practice and will encourage good sportsmanship among my fellow players, coaches, parents, and officials.
- I will respect the decisions of the referee and demonstrate good sportsmanship.
- I will be a good sport, regardless of whether my team wins or loses.
- I will expect to receive a fair amount of playing time.
- I deserve to have fun during my sports experience and will tell parents and coaches if it stops being fun.
- I will do my very best in school.
- I will remember that sports is an opportunity to learn and have fun

Player's Name (Print) _____ Player's Signature _____ Date _____

PARENTS'S CODE OF ETHICS

Please read carefully

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following ***this code of ethics:***

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game or other sports event.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- I will remember that the game is for children and not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

Parent's Name (Print) _____ Parent's Signature _____ Date _____

Rate this applicant on their basketball skills in passing, dribbling, shooting, and game experience on the following scales:

5 – Very Proficient, 4- Proficient, 3- Somewhat Proficient, 2- Limited Proficient, or 1- Beginner (Circle one number for each skill)

Passing: 1 2 3 4 5 Game experience: 1 2 3 4 5

Dribbling: 1 2 3 4 5 Shooting: 1 2 3 4 5

TOTAL: _____