

**SKILL DEVELOPMENT
SPORTSMANSHIP
GOOD TIMES**



**YMCA WINTER BASKETBALL
REGISTRATION FORM**

This year will consist of the following leagues:
(Ages as of September 1st)
6-8 year olds (lower baskets) 9-11 year olds 12-14 year olds 15-17 year olds

Player Skills Assessment Day:
DECEMBER 10 9-9:45am – 9-11YR OLDS
10-10:45am – 12-14YR OLDS
11-11:45am – 15-17YR OLDS
(ALL PLAYERS MUST BE PRESENT ON THIS DAY)

Teams will be formed following the Skills Assessment Day and Practices will start the week of December 12th

Teams will practice one day a week and play Saturday mornings or Saturday afternoons. First game will be on Saturday, January 7th. Season will run until February 18th. Tournament will be held February 25 & 26th.

EVERYBODY PLAYS AND EVERYBODY WINS!

Each player is guaranteed a spot on a team. When you play YMCA Basketball, you know you won't spend the whole game on the bench. Each player is guaranteed to play at least half of the game regardless of their ability or experience.

Fees are \$30.00 for members and \$40.00 for nonmembers. There will be a \$5.00 late fee for any registration after December 11th. We offer full or partial scholarships to those who qualify.

PARENTAL AGREEMENT

1. I hereby certify that my child, _____, is in normal health and capable of safe participation in the youth sports program. If there are any health problems I will notify the YMCA of such problems. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact person cannot be reached. I will be responsible for any medical costs, including ambulance transportation, incurred in the event of an accident.

2. I support the YMCA Youth Sports Philosophy, which includes the following concepts: everyone plays, safety first, fair play, positive competition, family involvement, sports for all, sports for fun, respect and character development.

3. I am willing to participate as a volunteer in support of this program as a:
COACH- ASST. COACH- OFFICIAL- TEAM PARENT -OTHER _____

Parent / Guardian: _____

Signature: _____

Date: _____



**YMCA WINTER BASKETBALL
REGISTRATION FORM**
(one form per child)

Name of player: _____ Sex: M ___ F ___

Birthday: __/__/__

Age as of September 1st: _____

Address: _____ City: _____ Zip: _____

Phone: _____

_____ 1st time participant # ___ of seasons as participants

Parent/Guardian: _____

Parents/Guardian Employment: _____

Work Phone: _____

Emergency Contact: _____

Relationship: _____

Emergency #: _____

Special Health Needs/Concerns: _____

Day of the week child **CANNOT** practice: MON TUE THUR

YMCA Family Member? YES NO

T-shirts size: Youth M Youth L Adult S Adult M Adult L Adult XL

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**