WINTER BASKETBALL LEAGUE

STARTS: JANUARY 18, 2020
REGISTRATION NOW OPEN

Age Brackets:
4-5 • 5-7 • 8-10 • 11-13
• Player & Coach requests are not guaranteed
• Coaches meeting: Jan. 15th 6-7pm
• Saturday practices & one additional weekday practice

Five weekly basketball skills clinics under the direction of Dre Brown at the YMCA

COST: MEMBERS $55 • NON-MEMBERS $75
$10 LATE FEE ASSESSED AFTER JANUARY 4

Central YMCA
17 N. Champion St.
Youngstown, OH 44503
(330) 744-8411

• CO-ED
• AGES 4-13
• 8-9 PLAYERS PER TEAM
• EQUAL PLAYING TIME
• TSHIRT & Y-SWAG

Register BEFORE January 13, 2020 at the Central YMCA, Davis Family YMCA or online @ YMCAyo.org
2020 CO-ED WINTER YOUTH BASKETBALL LEAGUE

Starts Saturday January 18 • INCLUDES A BASKETBALL CLINIC
Ages 4-7 clinic @ 9-10:30 AM • Ages 8-13 clinic @ 11-1 PM
Games are on Saturday’s starting February 15 – March 21

2020 CO-ED WINTER BASKETBALL LEAGUE
(Registration form must be turned in with payment)

Child Name (Last, First): ____________________________________________
Boy:____ or Girl:____ Date of Birth:_____/_____/____ Age:_______ School:___________________________ Grade:_______
Skill Level – Rookie:____ Beginner:____ Average:____ Competitive:____ Advanced:____ Yrs in Y League:____
Division Choice: 4-5 yrs____ 5-7 yrs____ 8-10____ 11-13____
Shirt Size: Youth Sizes: YS (6-8)____ YM(10-12)____ YL(14-16)____
Adult Shirt Sizes: S____ M____ L____ XL____ 2XL____
Player Request:_________________________________________ Coach Request:__________________________________ (Not Guaranteed)

Parent/Guardian Contact Information: Please Print

Parent/Guardian’s Name:_________________________________________ Email:________________________
Address:____________________________________________________ City:________________ State:____ Zip:__________
Primary Phone:_____________________________________________ Alt Phone:________________________
Relationship:_______________________________________________ Medical Notes:________________________

Volunteer Coach Information: Those who sign-up to Coach MUST attend Coach’s meeting January 15 from 6-7 PM

Volunteer Coach’s Name:_______________________________________ Cell:________________________
Head Coach:____ Assistant Coach:____ Email:_________________________ Shirt Size:____

FOR OFFICE USE ONLY

FEE: $55 Member____ $75 Non-member____ Date Paid ____/____/____ Credit Card____________________
Date Paid ____/____/____ Cash__________ Check #________________
Financial Aid FEE:______ Director Initials____ Due Date ____/____/____
$10 LATE FEE ASSESSED AFTER JANUARY 4, 2020: Yes:_____ No:_____

MEDICAL TREATMENT: If a parent/guardian cannot reasonably be located when my child requires medical attention, I hereby authorize the YMCA to transport my child and consent to any medical and/or surgical treatment of the above named participant that such staff or medical personnel deem advisable or necessary. I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary.
PERMISSION: I give the YMCA permission to use photographs, film footage or tape recordings that may include my child’s image for the purposes of promoting or interpreting YMCA programs without limitation, compensation or obligation.
I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form.

Parent/Legal Guardian Signature: ___________________________________________ Date:__________________

FOR OFFICE USE ONLY