WINTER BASKETBALL LEAGUE

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

STARTS: JANUARY 18, 2020
REGISTRATION NOW OPEN

PRACTICES: JAN 18 THROUGH FEB 18
GAMES: FEB 15 THROUGH MARCH 21

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

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 @ 9-10:00 AM • Ages 8-13 clinic @10-11 AM
Games are on Saturdays 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 Coaches 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:__________________