YBASKETBALL™

We build strong kids, strong families, strong communities.

Calhoun County YMCA

Youth Basketball, Fall 2011

REGISTRATION: October 11 – December 20

SEASON: JANUARY 15
AGES 5 TO 14 YEAR OLDS

Participant's Name:_____ Parent's Name:_____

Address:_____ City:_____ Zip:_____ Home #:_____

Age_____ Date of Birth:_____ School: _____ Grade:_____ Gender: Male / Female

Emergency Contact:_____ Relationship to Participant:_____

Address:_____ Home #:_____ Work #:_____

Email:_____ Last Year's Coach's Name:_____

I will volunteer for (please circle one or more if interested): **Coach** **Assistant Coach** **Referee**
If you are interested in coaching or officiating, please ask for the forms to fill out

Window Decal $12 Extra (child's name): _____
Must Pre-Pay for Decals

Would you like to donate towards Friends of Youth: Enter Amount $ 1.00 5.00 10.00 Other
Help a child participate that cannot afford to ***Please Circle***

T-shirt Size (please circle one size): Youth-XS Youth-S Youth-M Youth-L
Adult-S Adult-M Adult-L Adult-XL

I hereby give approval for the participation of my child in any YMCA league activities and I assume all risks and hazards to such participation including transportation to and from activities. I waive, release, absolve, indemnify, and agree to hold harmless the YMCA, organizers, supervisors, officers, directors, coaches, participants, referees, and schools.

_____
Signature of Parent or Guardian **Date**

For more information, contact the Calhoun County YMCA (Located inside the Memorial Medical Plaza) 551-2562
YOU CAN MAIL THE REGISTRATION FORM AND CHECK TO 1300 N VIRGINIA, PORT LAVACA, TX 77979

FEES:	Annual Fee	League
YMCA Members	None	$38 Game Shirt Included Includes Award
Program Members	$10 / year ***	$48 Game Shirt Included Includes Award
Early Registration	$5 Off before November 20	
Late Fees	$10 Late Fee after December 20 – if spots available	
$5.00 Off Discount for siblings		

***** All Program Members are required to pay an associate annual fee**
FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO QUALIFY

Reg fee: _____ Assoc fee:_____ Decal:_____ Late fee: _____ Disc: _____FOY: ____ Total:_____
Member I.D.:_____ Cash or Ck.#: _____ Receipt #: _____ Date: _____ Initials: _____