FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2015-16 YMCA YOUTH BASKETBALL LEAGUE

Practices Begin: Week of November 30, 2015

Games Begin: Saturday, January 9, 2016

Early Registration:	**July 6 - August 3, 2015**	**Members:** $35	**Prospective Members:** $70
Open Registration:	August 4 - October 19, 2015	**Members:** $60	**Prospective Members:** $90
Late Registration:	October 20 – December, 2015	**Members:** $85	**Prospective Members:** $125
Boys 6-7th Grade Register	July 6th – November 30th, 2015	**Members:** $35	**Prospective Members:** $70

Boy's Division: K-1, 2, 3, 4-5 Grades, New this year 6-7th Grades

Girl's Division: K-1, 2-3, 4-5 Grades

NEW THIS YEAR!!
Boys 6-7th Grade
Register
July 6 - Nov 30

Player Name_____ Boy / Girl (Please Circle One)

T-Shirt Size YS YM YL AS AM AL AXL Birth Date____/_____/_____ Grade (K-7 Only)_____

School Attending_____ Skill Level (A Being Highest) A B C

Parent or Guardian Name_____ Home Phone_____ Cell Phone_____

Address_____ City_____ Zip_____

Parent's Email

Requests (Player or Coach)_____

Be specific. We want to place children with friends and coaches they know. We try to accommodate all requests but cannot make guarantees. Please note that if registering late, we cannot make guarantees even if a specific coach or player is requested. The YMCA reserves the right to modify rosters.

Parents—Please check any of the following if interested (Volunteers help make the program successful!)

Coaching_____ Ass't Coach_____ Name_____ Phone_____

Waiver of Liability: I hereby, for myself and child, waive and release any and all rights and claims that I may have against the YMCA and its associates and/or volunteers. I understand that my child participates at his/her own risk and that I have insurance that will cover injuries that he/she may incur.

Parent/Guardian Signature_____

For More Information Contact:
Joe Rodgers, Youth Sports Director
jrodgers@bnymca.org OR 309-827-6233x108
www.bnymca.org

Office Use Only

Payment Type_____ Amount____ Date_____
Receipt #_____ Member Services Ini-