



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TRAVEL BASKETBALL!

## Billings Rimrockers Travel Basketball

### BILLINGS FAMILY YMCA

#### Tryout Times:

Friday, Sept 18 in the Fortin Gym

- 3<sup>rd</sup>-6<sup>th</sup> grade girls: 6pm to 7pm      3<sup>rd</sup>-6<sup>th</sup> grade boys: 7:30pm to 8:30pm

Sunday, Sept 20 in the Fortin Gym

- 3<sup>rd</sup>-6<sup>th</sup> grade girls: 1pm to 2pm      3<sup>rd</sup>-6<sup>th</sup> grade boys: 2:30pm to 3:30pm

Please fill out the back sheet in order to tryout.



Billings Family YMCA  
406-248-1685  
402 N. 32<sup>nd</sup> Street  
Billings, MT 59101  
[www.billingsymca.org](http://www.billingsymca.org)

## TRAVEL BASKETBALL PLAYER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Boys:  Girls:

Current School: \_\_\_\_\_ Current Grade: 3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

Jersey Size: YL  YXL  AS  AM  AL  AXL  AXXL

Shorts Size: YL  YXL  AS  AM  AL  AXL  AXXL

Preferred Jersey #s (#'s are not guaranteed please select 2 jersey number groups):

1-5  10-15  20-25  30-35

## PARENT / GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

*To be used for YMCA communication, i.e. schedules, practice updates, etc.*

**PLAYER FEE (\$265 Member/\$365 Non-member) WAIVER: I UNDERSTAND THAT IN THE EVENT MY CHILD IS PLACED ON A TEAM I AM RESPONSIBLE FOR THE \$265 or \$365 FEE. IF I DO NOT TAKE CARE OF PAYMENT BY THE ESTABLISHED DEADLINE MY CHILD WILL NOT BE ALLOWED TO PARTICIPATE, FINANCIAL ASSISTANCE & PAYMENT PLANS AVAILABLE**

### Mandatory Risk Waiver

I approve this registration and certify that my child is capable of such an experience. The Billings Family YMCA provides many recreational activities to the public. YMCA participants understand that recreational activities do involve inherent risks which are beyond the control of the Billings Family YMCA, their staff, volunteers and members. We do understand that upon using the facility and/or services that we hereby assume all risks for the behavior, actions, and safety of myself, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately. I have read and understand this agreement and release of liability, and do voluntarily agree.

\*The Billings Family YMCA reserves the right to use photographs/videos taken with YMCA facilities and at YMCA events and activities for marketing and promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STAFF USE ONLY

Tryout #:  School Verification: YES NO Daxko entry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial: \_\_\_\_\_