

YOUTH SUPER SPORTS™

We build strong kids, strong families, strong communities.

2010 Spring Youth Basketball League Registration Form

LEAGUE FORMAT

- * Season begins March 27, 2010 and ends June 5, 2010.
- * Games are scheduled to be played on Saturdays at the YMCA; teams will also meet once a week for practice. Practice times are determined by coaches.

REGISTRATION & FEES

- * **Open Registration** will be held **January 25 – February 20, 2010** during building hours at the YMCA.
- * Players who want to play on the same team should indicate the other child's name on your form. One request per child (either for another player or for a certain coach).
- * **REGISTRATION FEE: \$40.00 YMCA members \$50.00 Participants (Fee includes T-shirt)**
- * A **LATE FEE** of \$10 will be charged for any registrations received after – **February 20, 2010**.
- * Late Registration forms will be placed on a waiting list and accepted **ONLY** with the approval of the Sports and Recreation Dir.
- * Player/Coach preferences cannot be guaranteed after February 20, 2010, but every effort will be made to accommodate players.
- * **ABSOLUTELY NO REFUNDS WILL BE GIVEN UNLESS THE YMCA CANCELS THE PROGRAM.**
- * Financial assistance is available thanks to the Strong Kids Campaign and the United Way.
- * For more information please call Danyelle Weippert at 619-1011 or e-mail: dweippert@ymcaracine.org

Child's Last Name	Child's First Name	Child's Birthdate	Sex <input type="radio"/> Male <input type="radio"/> Female
Home Address, City, St. and Zip Code		Primary Phone:	Is child a YMCA Member? <input type="radio"/> Yes <input type="radio"/> No
Father's Name		Secondary Phone:	
Mother's Name		E-mail Address:	
Other Person to notify in an emergency		Phone:	
Doctors Name		Phone:	
Medical problems we should be aware of?			
Has your child ever played in a Basketball League before? <input type="radio"/> Yes <input type="radio"/> No		Last League	Child's Grade
Player or Coach Preference: (Please note: Player/Coach preference cannot be guaranteed.)			

LEAGUE DIVISION Mites 4-5 Mighty Mites 6-7 Sophomores 8-9 Juniors 10-11 Seniors 12-14

WAIVER OF LIABILITY

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the YMCA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth sports programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify the YMCA, its affiliated organizations and sponsors, their employees and associated personnel including the owners of facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same with transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant.

My Insurance Carrier is _____ Number _____

PARENT'S SIGNATURE

DATE

Volunteers are needed to coach, please consider helping out for this great cause!

I would like to help with the following: Coach Assistant Coach Name: _____

Registration forms and checks, payable to the Racine YMCA, should be sent to:
Racine Family YMCA • 725 Lake Avenue • Racine, WI 53403 • ATTN: Basketball Registration