



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



CO-ED YOUTH BASKETBALL League

Registration: Now - Feb. 17

Season: Feb. 24 - Apr. 12

PERFECT FOR EVERY SKILL LEVEL

League includes:

- One practice per week
- One game per week (Saturdays)
- Team T-Shirt
- Development of fundamentals through drills & fun games

Grades

Kindergarten - 6th

Games 3/8 - 4/12 (no games 3/15)

Pricing

Member: \$80

Non-Member: \$110

***Financial Assistance is available**

Contact Ryan Reavy for more information
RYANR@AKRONYMCA.ORG OR 330.923.9622



Program Enrollment Form

Member \$80 // Non-Member \$110

Turn into the Riverfront Y front desk for registration.

Payment must accompany registration form.



PLAYERS FIRST NAME	PLAYERS LAST NAME	GENDER	AGE/CURRENT GRADE	
STREET ADDRESS		CITY	STATE	ZIP
SCHOOL	GUARDIAN NAME		GUARDIAN CELL PHONE #	
GUARDIAN EMAIL		EMERGENCY CONTACT & PHONE NUMBER		
PLAYERS T-SHIRT SIZE	youth sizes: YS YM YL YXL		adult sizes : S M L XL	

PLEASE CIRCLE YOUR CHILD'S BASKETBALL SKILL LEVEL

BEGINNER

Zero to little experience
Very little/no basketball knowledge

INTERMEDIATE

1 - 2 years experience
Basic knowledge of game

ADVANCED

3+ years
Understands rules
Basic skills & knowledge of basketball

PLEASE X OUT THE NIGHT(S) OF THE WEEK PLAYER CANNOT PRACTICE

Requests made are NOT guaranteed

Monday	Tuesday	Wednesday	Thursday	Friday	Time	6:00	7:00
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VOLUNTEERS ARE THE HEART OF YMCA PROGRAMS!

I AM WILLING TO HELP THE PROGRAM AS A COACH!

Yes, I'd love to COACH!

Volunteer Coach's Name: _____

Volunteer Coach's T-Shirt Size: S M L XL XXL

I AM WILLING TO HELP THE PROGRAM AS A REFEREE!

Yes, I'd love to REFEREE!

Volunteer Coach's Name: _____

Volunteer Coach's T-Shirt Size: S M L XL XXL

I can't help this time, but ask again!

DISCLAIMER/HOLD HARMLESS STATEMENT/PHOTOGRAPHY/PERMISSION TO TRANSFER TO HOSPITAL [Must sign bottom of form to register]

I/we understand that there is risk of serious injury associated with YMCA facilities, participation in YMCA programs and use of exercise equipment and other equipment. As a condition of participating in a program I agree to assume the risk of injury rising from use of facilities, programs, equipment and for all matters at all YMCA locations programs whenever occurring. On behalf of myself, and heir, administrators/executors, I hereby release and hold the YMCA and its officers, trustees, staff, agents, and contractors, harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA programs/facility without this agreement. I authorize the Akron Area YMCA or its designees, agencies and contractors to create, have, and use photographs, slides, and videotapes using my image for its record keeping or marketing/public relations programs. In the event of reasonable attempts to contact me have not been successful, I hereby give my consent for minors named on application to be transferred to any reasonably accessible hospital. Facts concerning child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are:

SIGNATURE: _____

DATE: _____