



CHAMPAIGN FAMILY YMCA

"BITTY" Basketball

Ages 3-6

Youth Basketball
7-12 yr old
Registration begins
11/18/17

NAME: _____ D.O.B: _____ AGE: _____ SEX: _____

ADDRESS: _____ CITY: _____ ZIP: _____ HOME PHONE: _____

MOTHER'S NAME: _____ TEXT/CELL PHONE: (_____) - _____

FATHER'S NAME: _____ TEXT/CELL PHONE: (_____) - _____

E-MAIL (1 REQUIRED): _____ EMAIL #2 _____

MY PLACE OF BUSINESS WOULD LIKE TO SPONSOR, PLEASE CALL OR EMAIL ME AT _____

BASKETBALL EXPERIENCE LEVEL: ___ Beginner ___ Intermediate ___ Advanced

AGE GROUP & LEAGUE (Age determined as of 12/1/16). Please call with any special age requests:

Practices will be immediately before games on Tuesday or Thursday evenings and Saturday mornings. Each team will have the opportunity to participate in a minimum of 6 games & practices for the season.

	MEMBER	NON-MEMBER
Basketball Ages 3-4	___ \$25	___ \$40
Basketball Ages 5-6	___ \$25	___ \$40

JERSEY SIZE (CIRCLE): YXS YS YM YL AS AM AL AXL

PLEASE COMPLETE BELOW IF YOU WOULD LIKE TO VOLUNTEER COACH OR REFEREE.

COACH _____ REFEREE _____ NAME _____
 PHONE _____ EMAIL _____ SHIRT SIZE _____

I hereby certify that I support the YMCA philosophy based on fun, participation, skill development, teamwork, fair play, family involvement, and volunteer leadership, and I agree to act in a sportsmanlike manner at all times toward all participants, coaches, and referees. I further understand that any acts of unsportsmanlike behavior on my part or my child may result in dismissal from the league without refund. I certify that this child is in normal health and capable of participating in the YMCA youth athletics. I do acknowledge the risk of injury is possible. I grant permission for my child to play and in doing so I hereby release any and all rights and claims for injuries and damages I may have against the Champaign Family YMCA, their Board of Directors, Employees, Officials, Volunteers and Coaches. If medical attention is required, I give my permission for such medical care when either the emergency contact person or I cannot be notified. I understand that the Champaign Family YMCA does not carry accident insurance on league participants. I agree that the Champaign Family YMCA may photo or videotape my child and use it for their promotion.

 Parent/Guardian Signature Date

Registration deadline is 11/18/17. After this date, registrations will be accepted depending on availability with a \$15 late fee applied. Register at the Y Welcome Center or mail form and payment to the Champaign Family YMCA, 191 Community Dr. Urbana, OH 43078

OFFICE USE: Amount paid: _____ Date: _____ STAFF: _____

