



## 2017 - 2018 WINTER YOUTH BASKETBALL PROGRAM

### SATURDAYS, DECEMBER 2, 2017 - FEBRUARY 24, 2018

**for Boys and Girls in Grades 3 - 6**

The YMCA Youth Basketball Program provides an excellent opportunity for youth to participate with others in a healthy activity led by volunteer coaches. The emphasis is on sportsmanship, skill development, teamwork, participation and doing one's best. There will be separate divisions for boys and girls. This is an individual registration program and teams are formed by community. **Volunteer coaches are needed for the continued success of this program!**

- Games are played on Saturday morning or early afternoon. Teams in 5<sup>th</sup> and 6<sup>th</sup> grade may possibly have one Friday evening game. No games will be played on December 23 or 30.
- Practices are held once a week in your community and are arranged by volunteer coaches.
- There is limited travel to neighboring communities for the games.
- Parents of players who are registered will be called and emailed by their coach by the week of November 13.
- **Registrations received by October 31, 2017 are guaranteed placement on a team.** After October 31, it is based on roster availability. Download additional registration forms at [www.sheboygancountnymca.org](http://www.sheboygancountnymca.org).



#### SHEBOYGAN COUNTY YMCA 2017 - 2018 WINTER YOUTH BASKETBALL

Please drop off, mail or fax (credit card only) the registration to either YMCA address listed above.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  M  F  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ School \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

**Volunteer Coach** \_\_\_\_\_  Head Coach  Assistant Coach  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email \_\_\_\_\_

- Volunteer coaches will be contacted regarding the date of the coach's meeting in early November.
- Coaches are required to fill out a Volunteer Application Packet prior to the start of the season.

**HOLD HARMLESS AGREEMENT**

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for my child to participate and be photographed in YMCA activities.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<p><b>Grade</b></p> <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6	<p><b>T-Shirt Size</b></p> <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large	<p><b>Community</b></p> <input type="checkbox"/> Cedar Grove** <input type="checkbox"/> Howards Grove <input type="checkbox"/> Kohler <input type="checkbox"/> Oostburg** <input type="checkbox"/> Plymouth <input type="checkbox"/> Random Lake <input type="checkbox"/> Sheboygan <input type="checkbox"/> Sheboygan Falls	<p><b>Fee by 10/31</b></p> <input type="checkbox"/> \$32.00 YMCA* Member <input type="checkbox"/> \$48.00 Community Participant	<p><b>Fee after 10/31</b></p> <input type="checkbox"/> \$42.00 YMCA* Member <input type="checkbox"/> \$58.00 Community Participant
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**\*Must be Sheboygan County YMCA member to pay member rate.**

**\*\*Cedar Grove & Oostburg players receive a \$5.00 discount.**

Their fees are supported by the United Way.

**Payment**  
 Cash  Check  Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Receipt # \_\_\_\_\_ Amt Paid \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_