YOUTH SPORTS REGISTRATION

Calhoun County YMCA

WINTER BASKETBALL (ages 4-12)

Registration: November 1-December 5 (Late Registration: December 6-10
Members $75/Community Participants $90 (Late Fee: $25)

Is your child a current Calhoun County YMCA member? ☐Yes ☐No

Player's Full Name:_____

Address:_____City/State_____

Gender: ☐Male ☐Female DOB:_____Age:_____Grade:_____Height:_____

Jersey/Shirt size:* ☐Youth X-Small ☐Youth Small ☐Youth Medium ☐Youth Large
☐Adult Small ☐Adult Medium ☐Adult Large

*(First jersey/shirt is included in registration fee. Additional jerseys will be at the expense of parent/guardian)

Parent/Guardian Full Name:_____DOB:_____

Primary Phone #:_____Secondary Phone #:_____

E-mail Address:_____

- ☐ **I would like to volunteer as a Head Coach**
- ☐ **I would like to volunteer as an Assistant Coach**

TEAM REQUESTS (limited to siblings only):

I would like my child to play on same team as _____(name of sibling)
***Team requests are not guaranteed**

Financial Assistance - Y activities are designed to benefit persons from all backgrounds, and fees are based on the cost of providing each program. Limited Financial assistance is available.

- Participants must abide by the Calhoun County YMCA code of conduct. The YMCA has the right to eliminate a player and or team for misconduct.
- Registration may close once teams are full.

I will be responsible for my child's medical costs due to accident or illness. I will hold the YMCA of the Golden Crescent and its directors, officers, employees, volunteers and other agents harmless for incidents which may arise from participation in the YMCA programs and activities, realizing that there are risks in these activities. I give permission for photographs to be made of my child(ren) to be used solely for publicity and training purposes by the YMCA of the Golden Crescent.

I understand all refund requests must be made in writing and will only be considered before the first game. There will be a $20 processing fee on all refunds. Once practice begins only 50% refund will be given if eligible. Once games begin no refunds are given.

Parent/Guardian's Signature **Date**

YMCA Staff Use Only: Amount Paid:_____ Date Paid:_____Staff Initial:_____