



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# High School Basketball League

A six-week program for high school aged kids in grades 9-12. Stay active playing a game you love while honing your skills and work as a team for victory. Team registrations only will be accepted. And, the season will end with a single elimination tournament.

**Season: Tuesdays and Thursdays, Beginning January 9, 2018**  
**Fee: TEAM REGISTRATION \$275 (No Individual Registrations)**  
**REGISTRATION DEADLINE DECEMBER 31, 2017**

Shirt Size: (Circle one)    AS    AM    AL    AXL

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**TEAM MEMBERS:**

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

5. \_\_\_\_\_ Phone: \_\_\_\_\_

6. \_\_\_\_\_ Phone: \_\_\_\_\_

7. \_\_\_\_\_ Phone: \_\_\_\_\_

8. \_\_\_\_\_ Phone: \_\_\_\_\_

9. \_\_\_\_\_ Phone: \_\_\_\_\_

10. \_\_\_\_\_ Phone: \_\_\_\_\_

**Waiver**, In consideration of my participation in the activities of the YMCA OF VINCENNES, I do hereby agree to hold free from any and all liability the YMCA OF VINCENNES, Board Members, representing officers, employees, volunteers and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages or injuries which I may have or which may hereafter accrue to me arising out of or connected with me participating in any of the activities of the YMCA OF VINCENNES. I hereby do declare my child to be physically sound to participate in the activities at the YMCA. Pictures/videos taken during activities at the YMCA OF VINCENNES may be used for marketing purposes. I understand this specific release may be revoked at any time by written request.

**PLEASE NOTE: THE YMCA DOES NOT FURNISH ACCIDENT/ILLNESS MEDICAL INSURANCE. MEDICAL BILLS, INCLUDING PRESCRIPTION DRUGS, WILL BE THE RESPONSIBILITY OF THE PARENTS.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

