



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Youth Basketball

An eight-week program designed to teach the basic fundamentals of basketball to promote healthy kids and encouraging healthy competition, family involvement, fair play and teamwork.

FINANCIAL ASSISTANCE IS AVAILABLE

Season: Saturdays, Beginning January 14, 2023
Program Fee: Y Member, \$55 Non-Member, \$85
 Registration Deadline November 30, 2022

PARTICIPANT INFORMATION:

Division: ___ Pre K ___ K-1 grade ___ 2-3 grade ___ 4-6 grade

Shirt Size: (Circle one) YS YM YL AS AM AL

Participant Name: _____

Grade: _____ **Gender:** _____ **Date of Birth:** _____

Address: _____ **City:** _____

State: _____ **ZIP:** _____ **Phone:** _____

Interested in Coaching? YES NO (Please circle)

Coach _____ **Coach Shirt Size:** AS AM AL AXL A2XL

Name _____ **Contact #** _____

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 INFORMATION (Required):

Printed Name of Parent/Guardian: _____

Parent/Guardian Date of Birth: _____ **Email:** _____

Parent/Guardian Signature: _____ **Date:** _____

IF DIFFERENT FROM PARTICIPANT:

Parent/Guardian Information: _____

