



PLATTSBURGH YMCA



YOUTH BASKETBALL LEAGUE 2018—2019

(Boys & Girls— 1st, 2nd and 3rd Grade)

Registration Dates: Members: Nov. 5 —Dec. 4 (or until full) **Season Dates:** Dec. 10—Feb. 2
Community: Nov. 12—Dec. 4 (or until full)

FEES: **Member:** \$50 **Community Member:** \$100 *No refunds except for medical reasons

Scheduling: Each player's family will be contacted with the times and details before the season begins regarding practice and game times. Practice times will be held after school and will run for approximately one hour. There may be some Saturday morning practices/games. Teams also practice **twice per week**. *Space is provided on this form below for letting us know which days or times are not good for you.*

Uniforms/Included Items: YMCA team basketball shirt, YMCA basketball, trophy and an end of the season pizza and swim party.

Bring or mail form & Payment to the Plattsburgh YMCA—17 Oak St.

REGISTRATION 2018—2019 Plattsburgh YMCA Basketball League

CHILD'S NAME: _____ DATE: _____

DATE OF BIRTH: ____/____/____ SEX: _____ AGE: _____ (as of Feb. 8th) GRADE _____

ADDRESS: _____ CITY: _____

PARENT NAME(S): _____

PHONE NUMBER: Home: _____ Work: _____

Please note in the space provided what days of the week (and times) do NOT work for your child to participate in practices and/or games: _____

SHIRT SIZE: Youth Sm. (6-8) Youth Med. (10-12) Youth Lg. (14-16)
Please check one ✓ Adult Sm. Adult Med.

*Please be sure of your shirt size (they run small)

2nd CHILD'S NAME: _____ DATE: _____
DATE OF BIRTH: ____/____/____ SEX: _____ AGE: _____ (as of Feb. 8th) GRADE _____

SHIRT SIZE: Youth Sm. (6-8) Youth Med. (10-12) Youth Lg. (14-16)
Please check one ✓ Adult Sm. Adult Med.

IF YOU WOULD LIKE TO COACH OR ASSIST, CHECK ✓ HERE!

COACH ASSIST

For more information call: 561-4290 Coaches/Assistant Name: _____

I hereby certify that the above named child/children is/are normal in health, capable of participating safely in the YMCA Youth Basketball League. I have also read and understand the goals and objectives of YMCA Basketball as advertised on the flier and registration form. I hereby grant permission for the above named child/children to participate in the program.

Parent or Guardian Signature

I give permission for photographs or a likeness of my child to be taken and used for explaining/presenting the program or for future program promotion.

Date Paid: _____
Amt. Paid: _____
Staff initials: _____

Parent or Guardian Signature