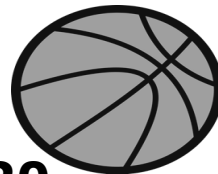




PLATTSBURGH YMCA



YOUTH BASKETBALL LEAGUE 2019—2020

(Boys & Girls— 1st, 2nd, 3rd and 4th Grade)

Registration Dates: Members: Oct. 28 —Dec. 3 (or until full) **Season Dates:** Dec. 9—Feb. 1
Community: Oct. 31 —Dec. 3 (or until full)

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

Scheduling: The coaches will call each player's family a few days before the season begins with the times and details about practices and games. 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 and a medal/trophy at the end of the season.

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

REGISTRATION 2019—2020 Plattsburgh YMCA Basketball League

CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____
GENDER: _____ AGE: _____ (as of Dec. 9th) GRADE _____
ADDRESS: _____ CITY: _____
PARENT NAME(S): _____ DATE OF BIRTH: ____/____/____
PHONE NUMBER: Cell: _____ Home: _____

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 OF BIRTH: ____/____/____
GENDER: _____ AGE: _____ (as of Dec. 9th) 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