



COED BASKETBALL LEAGUE

AGES 4-5, 6-7, 8-10

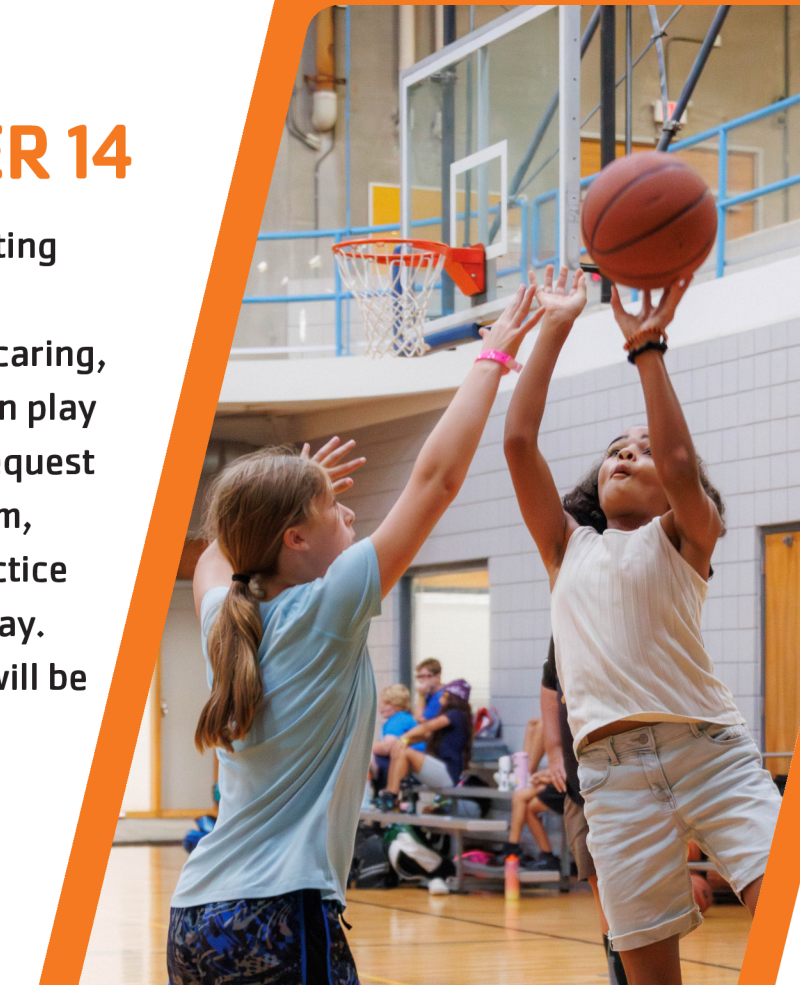
OCTOBER 21 - DECEMBER 14

This non-competitive league focuses on perfecting individual skills and learning team skills. We emphasize equal playing time and fun through caring, honesty, respect, and responsibility. Players can play up an age bracket, but not down. Players can request only one other person to be placed on their team, siblings are automatically placed together. Practice will be Monday-Thursday and games on Saturday. Half-court practices only. Practice and games will be one hour long. Game times may vary.



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COUNTRYSIDE YMCA | 1699 DEERFIELD RD
513.932.1424 | COUNTRYSIDEYMCA.ORG



**REGISTRATION
CLOSES OCTOBER 12**

**\$86 MEMBERS
\$113 PRGM MEMBERS**



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Youth Co-ed Basketball (Ages 4-10)

Name of participant: _____ Gender: _____ Age: _____ (As of Jan 1, 2024)

Date of birth: _____

Address: _____ City: _____ Zip: _____

Email: _____

Phone: (____) _____ Participant's School: _____

Parent/Guardian Name: _____ Best Phone: (____) _____

Emergency Contact: (Non Parent) _____ Best Phone: (____) _____

Member: _____ Program Member: _____

Shirt Size YS YM YL AS AM AL AXL (Please circle one)

Interested in Coaching? _____ If yes, Email Address _____

IF YOU WOULD LIKE YOUR CHILD PLACED ON A TEAM WITH SOMEONE ELSE PLEASE INDICATE BELOW. THE PERSON MUST ALSO INDICATE THE SAME ON THEIR FORM. WE WILL ONLY BE ABLE TO PLACE YOUR CHILD WITH ONE OTHER CHILD TO ENSURE FAIR TEAMS (PLUS SIBLING). WE WILL DO OUR BEST TO ACCOMMODATE ALL REQUESTS. THANK YOU.

PLEASE PLACE ON A TEAM WITH: _____

PLEASE NOTE IF THERE IS ONE DAY YOU CANNOT PRACTICE: _____

Liability Release For Countryside YMCA

WAIVER/RELEASE STATEMENT

I realize that sports involve vigorous physical activity including, but not limited to: running, jumping, quick movement, physical contact and rapid directional change. I understand that participation in this program involves certain known and unknown risks and that regardless of the precautions taken by the Ralph J Stolle Countryside YMCA or the participants, some injuries may occur. These injuries may include but are not limited to: 1. Sprains and strains 2. Broken bones 3. Paralysis 4. Death. These injuries may result from such hazards as 1. Running 2. Jumping 3. Falling 4. Physical contact.

I certify that my present level of physical condition is consistent with the demands of active participation in the listed program. Following is a complete list of all of my known health conditions that might affect my ability to participate:

I have carefully read the foregoing document. I acknowledge that I have the opportunity to ask questions and have them answered. I am confident that I fully know, understand and appreciate the risks involved in active participation in the YMCA Program.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location. I do further release, absolve, indemnify, and hold harmless releases. I am voluntarily requesting permission for my son/daughter to participate.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date