



# COED BASKETBALL LEAGUE

**AGES 4-5, 6-7, 8-10:  
GAMES SATURDAY**

**AGES 11-12, 13-14:  
GAMES TUESDAY NIGHT**

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 another person to be placed on their team—siblings are automatically put together. Practice and games will be one hour long. Game times may vary.



**M: \$86**

**PM: \$113**

**Contact: Jacob Hurley**  
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**COUNTRYSIDE YMCA | 1699 DEERFIELD RD**  
513.932.1424 | COUNTRYSIDEYMCA.ORG

**JANUARY 6 –  
FEBRUARY 22**

**REGISTRATION  
CLOSES JANUARY 1**





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

**Youth Co-ed Basketball (Ages 4-14)**

Name of participant: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ (As of Jan 1, 2025)  
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