



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMER YOUTH BASKETBALL AGES 6-8



This is a non-competitive co-ed league focusing on perfecting individual skills and learning team skills. We emphasize equal playing time and fun through caring, honesty, respect and responsibility. There will be 2 practice days and 6 games. This is a twice a week program with teams meeting on Monday and Thursday evenings. Players can play up an age bracket, but not down. Practices and games will be one hour. Game times may vary.

PROGRAM CODE	REGISTRATION	PRACTICE DAYS	GAMES
21LL 04080-S	April 26th, 2021— June 14th, 2021	June 21st, 24th	June 28th July 1st, 5th, 8th, 12th, 15th

WHERE

Main Gym
Countryside YMCA | Lebanon

COST

Members: \$54
Program Members: \$70

QUESTIONS

Contact Korey Risner
513 932 1424 ext 190
korey.risner@ymcastaff.org

COUNTRYSIDE YMCA | LEBANON 1699 Deerfield Rd, Lebanon, OH 45036 513 932 1424
COUNTRYSIDE YMCA | LANDEN 2894 US Rt. 22 & 3, Maineville, OH 45039 513 583 5580
www.countrysideymca.org



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Youth Summer Basketball 04080-S Ages 6-8

Name of participant: _____ Gender: _____ Age: _____

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 DO OUR BEST TO ACCOMMODATE ALL REQUESTS. THANK YOU.

PLEASE PLACE ON A TEAM WITH: _____

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