

# COLE CENTER FAMILY YMCA

## GIRLS BASKETBALL



### Registration:

Early: May 22<sup>nd</sup> - August 27<sup>th</sup>  
Fees: Mem \$40.00 / Non \$65.00

Late August 28<sup>th</sup>-September 3<sup>rd</sup>  
Fees: Mem \$45.00 / \$70.00

\*No refunds will be given after September 3<sup>rd</sup>, 2017

Team formation: 1<sup>st</sup>/2<sup>nd</sup> grade assigned; 3<sup>rd</sup>/4<sup>th</sup> and 5<sup>th</sup>/6<sup>th</sup> grade will be a draft method by the coaches.  
PLEASE PRINT ALL INFORMATION

### Participants Information:

Division: \_\_\_\_ Rookie(1<sup>st</sup> & 2<sup>nd</sup>) \_\_\_\_ Winners(3<sup>rd</sup> & 4<sup>th</sup>) \_\_\_\_ Champions(5<sup>th</sup> & 6)

Participants Name:		DOB:		Current Grade:									
Address:		City:		Zip:									
Parent Email Address:		Parent Name(s):											
Home Phone:		Current School Attending:											
Mom's Cell:		Dad's Cell:		Emergency Number:									
Shirt Size: (Circle Size)	<table border="1"><tr><td>YS</td><td>YM</td><td>YL</td><td></td></tr><tr><td>AS</td><td>AM</td><td>AL</td><td>AXL</td></tr></table>	YS	YM	YL		AS	AM	AL	AXL				
YS	YM	YL											
AS	AM	AL	AXL										

I give permission for my child to participate in the Cole Center Family YMCA Youth Basketball program. I will not hold the YMCA or any employee, volunteer or official of this organization or the East Noble School Corporation liable for any injury which may occur during this program. I also understand that YMCA personnel will do everything in their power to prevent such injury. I understand coaches are volunteers and are chosen based upon the Cole Center Family YMCA's selection process that includes a background check through the State of Indiana.

Date

Signature of Parent or Legal Guardian

### Volunteer Information:

I would like to volunteer in the following way

Name:

DOB:

Phone:

### Volunteer Coaches NEEDED!

Yes

No

Shirt Size

Coach

Assistant Coach



### I would be interested in sponsoring a team:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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