

COLE CENTER FAMILY YMCA GIRLS BASKETBALL



Registration:

Early: January 1 - August 16 Late: August 17-August 23

Fees: Mem \$40.00 / Non \$65.00

Fees: Mem \$45.00 / \$70.00

*No refunds will be given after August 23, 2021

FIRST PRACTICE: Wk of Oct 4/ PICTURE DAY: Oct 16 / FIRST GAME: Oct 23

Team formation: 1st/2nd grade assigned; 3rd/4th and 5th/6th grade will be a draft method by the coaches.

PLEASE PRINT ALL INFORMATION

Participants Information:

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	Division: ____ Rookie(1 st & 2 nd) ____ Winners(3 rd & 4 th) ____ Champions(5 th & 6)	
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: _____

Cole Center Family YMCA PO Box 233 700 S Garden St Kendallville, IN 46755

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www.coleymca.net

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