

# COLE CENTER FAMILY YMCA

## BOYS BASKETBALL



Practice Beg wk of Jan 3

First Game: Jan 22

### Registration:

Early: August 3<sup>th</sup> – October 25<sup>th</sup>  
Fees: Mem \$40.00 / Non \$65.00

Late October 26<sup>th</sup> – November 1<sup>st</sup>  
Fees: Mem \$45.00 / \$70.00

\*No refunds will be given after November 1<sup>st</sup>

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:

Participants Name:	DOB:	Current Grade:
--------------------	------	----------------

Shirt Size: (Circle Size)	YS	YM	YL		Email Address:
	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 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

<b>Volunteer Information:</b> I would like to volunteer in the following way	
Name:	
DOB:	Phone:

<b>Volunteer Coaches Needed</b>	Yes	No	Shirt Size
Coach			
Assistant Coach			



<b>I would be interested in sponsoring a team:</b>
Name: _____ Contact Number: _____

Cole Center Family YMCA PO Box 233 700 S Garden St Kendallville, IN 46755  
Phone: (260)347-9622 Fax: (260)347-1955  
www.coleymca.net

