

# Y BASKETBALL™

We build strong kids, strong families, strong communities.

## 1st Grade Girls Basketball Registration

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

YMCA Member: (Please circle) Yes No

Parents Names: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

### AGREEMENT

1. I HEREBY CERTIFY THAT MY CHILD IS IN NORMAL HEALTH AND CAPABLE OF SAFE PARTICIPATION IN THE YMCA YOUTH BASKETBALL PROGRAM. I ASSUME ALL RISK(S) AND HAZARDS INCIDENTAL TO THE CONDUCT OF THIS PROGRAM AND FOR THE TRANSPORTATION TO AND FROM THE PROGRAM. I HEREBY AUTHORIZE THE YMCA TO OBTAIN MEDICAL TREATMENT OF MY CHILD IN THE EVENT THAT PARENT(S) AND THE EMERGENCY CONTACT CANNOT BE REACHED.
2. I SUPPORT YMCA YOUTH SPORTS PHILOSOPHY, WHICH IS BASED ON PARTICIPATION, FUN, PHYSICAL FITNESS AND HEALTH, SKILL DEVELOPMENT, TEAMWORK, FAIR PLAY, FAMILY INVOLVEMENT AND VOLUNTEER LEADERSHIP.

**\*\*If you would like to coach or assist a coach, please fill out the information below.\*\***

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Grade you would prefer to coach: \_\_\_\_\_ Team you would like to coach: \_\_\_\_\_

Please mark your preference: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

**The YMCA will contact you if a coach is needed.  
Thank You!**

**FEE: \$50 Y Member \$90 Non Member  
Registration Deadline—October 30**

# Y BASKETBALL™

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## 1st Grade Boys Basketball Registration

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Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

YMCA Member: (Please circle) Yes No

Parents Names: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

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Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Grade you would prefer to coach: \_\_\_\_\_ Team you would like to coach: \_\_\_\_\_

Please mark your preference: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

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Thank You!**

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Registration Deadline—October 30**

# Y BASKETBALL™

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## 2nd Grade Boys Basketball Registration

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

YMCA Member: (Please circle) Yes No

Parents Names: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

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**\*\*If you would like to coach or assist a coach, please fill out the information below.\*\***

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Grade you would prefer to coach: \_\_\_\_\_ Team you would like to coach: \_\_\_\_\_

Please mark your preference: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

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Thank You!**

**FEE: \$50 Y Member \$90 Non Member  
Registration Deadline—October 30**

# Y BASKETBALL™

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## 2nd Grade Girls Basketball Registration

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

YMCA Member: (Please circle) Yes No

Parents Names: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

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Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Grade you would prefer to coach: \_\_\_\_\_ Team you would like to coach: \_\_\_\_\_

Please mark your preference: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

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Thank You!**

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Registration Deadline—October 30**

# Y BASKETBALL™

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## 3rd Grade Girls Basketball Registration

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

YMCA Member: (Please circle) Yes No

Parents Names: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

### AGREEMENT

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**\*\*If you would like to coach or assist a coach, please fill out the information below.\*\***

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Grade you would prefer to coach: \_\_\_\_\_ Team you would like to coach: \_\_\_\_\_

Please mark your preference: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

**The YMCA will contact you if a coach is needed.  
Thank You!**

**FEE: \$50 Y Member \$90 Non Member  
Registration Deadline—October 30**

# Y BASKETBALL™

We build strong kids, strong families, strong communities.

## 3rd Grade Boys Basketball Registration

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

YMCA Member: (Please circle) Yes No

Parents Names: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

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**\*\*If you would like to coach or assist a coach, please fill out the information below.\*\***

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Grade you would prefer to coach: \_\_\_\_\_ Team you would like to coach: \_\_\_\_\_

Please mark your preference: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

**The YMCA will contact you if a coach is needed.  
Thank You!**

**FEE: \$50 Y Member \$90 Non Member  
Registration Deadline—October 30**

# Y BASKETBALL™

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## 4th Grade Boys Basketball Registration

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

YMCA Member: (Please circle) Yes No

Parents Names: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

### AGREEMENT

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**\*\*If you would like to coach or assist a coach, please fill out the information below.\*\***

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Grade you would prefer to coach: \_\_\_\_\_ Team you would like to coach: \_\_\_\_\_

Please mark your preference: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

**The YMCA will contact you if a coach is needed.  
Thank You!**

**FEE: \$50 Y Member \$90 Non Member  
Registration Deadline—October 30**

# Y BASKETBALL™

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## 4th Grade Girls Basketball Registration

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

YMCA Member: (Please circle) Yes No

Parents Names: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

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Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Grade you would prefer to coach: \_\_\_\_\_ Team you would like to coach: \_\_\_\_\_

Please mark your preference: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

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Thank You!**

**FEE: \$50 Y Member \$90 Non Member  
Registration Deadline—October 30**

# YBASKETBALL™

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## Chippewa Valley Basketball League 5th Grade Girls

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_ YMCA Member: (circle) Yes No

Parents Names: \_\_\_\_\_ Email: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

**Program Fee: \$60 Y Member \$70 Non Member**  
**REGISTRATION DEADLINE: OCTOBER 27!**

### AGREEMENT

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Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Grade you would prefer to coach: \_\_\_\_\_ Team you would like to coach: \_\_\_\_\_

Please mark your preference: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

**The YMCA will contact you if a coach is needed.**  
**Thank You!**

# Y BASKETBALL™

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## Chippewa Valley Basketball League 6th Grade Girls

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_ YMCA Member:( circle) Yes No

Parents Names: \_\_\_\_\_ Email: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Program Fee: \$60 Y Member \$70 Non Member

### **REGISTRATION DEADLINE: OCTOBER 27!**

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Please mark your preference: Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

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Thank You!

# Y BASKETBALL™

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## Chippewa Valley Basketball League 5th Grade Boys

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_ YMCA Member: (circle) Yes No

Parents Names: \_\_\_\_\_ Email: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Program Fee: \$60 Y Member \$70 Non Member

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## Chippewa Valley Basketball League 6th Grade Boys

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_ YMCA Member: (circle) Yes No

Parents Names: \_\_\_\_\_ Email: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

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