

## FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

## YOUTH Basketball at the YMCA of Catawba Valley



**Registration Dates:** September 9th-November 6th

Registration Fees: Member fee is \$65 and non-member fee is \$120

Late Registration Fee: \$10 (Late registration must be approved by the

Program Director. Availability is not guaranteed)

**Registration Includes:** Full uniform, 7 regular season games, participation in tournament (if applicable)

Skills Day (If necessary): November 12th

**Practice:** Practices will begin the week of November 14th. Practice days and times will be determined after skills evaluation day (if necessary)

**Games:** Games will tentatively begin Saturday, December 10th. Games will mostly be held on Saturdays but there may be some week night games as well

Contact Info: For more information please contact Luke Sigmon (Hickory Foundation YMCA) at lukes@ymcacv.org or Abbey Tarr (Adrian L. Shuford YMCA) at abbeyt@ymcacv.org

For further information, please refer to our Parent Handbook located on our website



## 2022 Youth Basketball Registration Form

## **Branch Location:**

\_\_\_\_ Hickory Foundation YMCA

\_\_\_\_Adrian L. Shuford, Jr. YMCA

Date:\_\_\_\_\_

		Age Division:	:		
3-4 Coed Monday (Hickory only)		3-4 Coed Saturday		5-6 Coed 7-8 Girls	
7-8 Boys	9-10 Girls	9-10 Boys	11-13 Girls	11-1	3 Boys
		14-18 Coe	ed .		
Child's Name:		Date of Birth:		Age:	
Address:		City:		Zip:	
Parent/Guardian Name:		Date of Birth:		Cell:	
Other Parent/Guardian Name:		Date of Birth:		_ Cell:	
Email Address (please p	orint legibly):				
Years Played Sport:					
		Child's Shirt Siz	ːe:		
Youth XSY	outh SYouth I	MYouth L	Adult S	Adult M	Adult L
		Adult XL			
YMCA Youth Spo	rts are not possible	e without the help	of volunteers.	As a parent, I	would like to:
Head	Coach (Shirt Size:	) OR Ass	istant Coach (S	hirt Size:	)
		TEAM SPON	 SOR		
	\$250 B	usiness name on t			
\$	500, Business nam				
I hereby certify that m acknowledge the risk o waive all claims, and h that I cannot be reac	y child is in normal hea	alth and capable of sa associated with play A of Catawba Valley s ents for emergency n	afe participation in ing sports at the \ staff, volunteers, on nedical attention a	n YMCA Youth S YMCA of Catawb coaches and spo at the time of illr	a Valley. I agree to nsors. In the event ness or accident, I
I support the YMCA Sp ness and heal	orts philosophy that is th, skill development,				
I acknowledge the YN	ACA does not have to I	nonor requests for co teams fair and bala		nmates because	we intend to keep
_	OVID-19 Refund Policy or for any other reason	y: Should the YMCA has, the YMCA will issue	ave to cancel any a pro-rated syste	sport in while or em credit to be u	partially due to a used for any YMCA

Parent/Guardian Signature:\_\_\_\_\_