



BE PART OF THE TEAM

Basketball Registration



The best and most fun around! Coaches work on basic ball handling, passing, and shooting skills while kids enjoy learning this great game that was invented at the Y!

REGISTRATION DATES

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Ages	3-10
Season	October 27-December 15, 2018 No Games Thanksgiving Weekend
Coach Registration	September 10-14, 2018
Y-Member Registration	REGISTER ONLINE or IN OFFICE: September 17-28, 2018
Community Registration	REGISTER ONLINE or IN OFFICE: September 24-28
Fee	\$30/Y-Members \$45/Community

Our basketball league is a Saturday only sport. Children learn the game of basketball through play. There are no additional days scheduled for basketball practice.

Game Schedules: Your games throughout the season will change from week to week and you are not guaranteed to have all your games at your requested home court.

How to request a coach or buddy

- Your buddy must also request to play with you.
- You both must also choose the same location and division. If the same location and division are not chosen, your preferred location will supersede your buddy request.
- Requests made late are not guaranteed.

Playerspace

We are pleased to announce that **The YMCA Of The Greater Tri-Cities** has partnered with PLAYERSPACE for electronic communication and league management.

What does this mean for you?

After you register for your sports programs with the YMCA, your Sports Director will be using PLAYERSPACE to:

- Assign players to their teams
- Create and share game schedules and onetime events, like picture day
- Communicate with you throughout the entire process

CHILD 1					
First Name	Last Name	Date of Birth	Age	Gender	
T-Shirt Size <input type="checkbox"/> X-Small (2-4) <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> Other _____					
You may choose a preferred coach or request to play with a buddy (please check one box below) <i>Your buddy must also request to play with you. You both must also choose the same location and division. If the same location and division is not chosen, your preferred location will supersede your buddy request. Request made late are not guaranteed.</i>			Name of Preferred Buddy/Coach		
<input type="checkbox"/> Coach Preference <input type="checkbox"/> Play with a buddy					
CHILD 2					
First Name	Last Name	Date of Birth	Age	Gender	
T-Shirt Size <input type="checkbox"/> X-Small (2-4) <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> Other _____					
You may choose a preferred coach or request to play with a buddy (please check one box below) <i>Your buddy must also request to play with you. You both must also choose the same location and division. If the same location and division is not chosen, your preferred location will supersede your buddy request. Request made late are not guaranteed.</i>			Name of Preferred Buddy/Coach		
<input type="checkbox"/> Coach Preference <input type="checkbox"/> Play with a buddy					
CHILD 3					
First Name	Last Name	Date of Birth	Age	Gender	
T-Shirt Size <input type="checkbox"/> X-Small (2-4) <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> Other _____					
You may choose a preferred coach or request to play with a buddy (please check one box below) <i>Your buddy must also request to play with you. You both must also choose the same location and division. If the same location and division is not chosen, your preferred location will supersede your buddy request. Request made late are not guaranteed.</i>			Name of Preferred Buddy/Coach		
<input type="checkbox"/> Coach Preference <input type="checkbox"/> Play with a buddy					
PARENT/GAURDIAN					
Address		Apt	City	State	Zip
Primary Parent Name			Parent 2 Name		
Primary Phone		Cell Phone	Cell Phone Provider		
Work Phone		Emergency Phone	Emergency Name		
Primary Email <small>(Emails used for coaches to communicate with their team.)</small>					
<input type="checkbox"/> Sign me up for the Y-Buzz monthly email newsletter <input type="checkbox"/> I am already receiving the Y-Buzz <input type="checkbox"/> No Thank you					
<p>Participation/Liability Release: I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen. Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.</p> <p>Insurance: It is the responsibility of every individual, their parent/legal guardian, to provide for their own accident and health coverage while participating in YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.</p> <p>Medical Treatment: If a parent/guardian cannot reasonably be located when my child requires medical attention, I hereby authorize the YMCA to transport my child and consent to any medical and/or surgical treatment of the above named participant that such staff or medical personnel deem advisable or necessary. I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary.</p> <p>Permission: I give the YMCA permission to use, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting YMCA programs without limitation, compensation or obligation.</p> <p>I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form.</p>					
Parent/Legal Guardian Signature			Date		
SCHOLARSHIP ASSISTANCE					
No child will be turned away due to their family's inability to pay. Financial assistance is available to the extent possible thanks to the YMCA Strong Kids Campaign. Contact the YMCA for assistance. Applications are available at the YMCA office and online.					
I WANT TO HELP KIDS PARTICIPATE					
Please accept my tax deductible donation to the YMCA Scholarship Fund to ensure all kids in our community can participate, regardless of financial circumstances.					
<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$25					

Office Use Only	Player 1: Division: _____ Location: _____
	Player 2: Division: _____ Location: _____
	Player 3: Division: _____ Location: _____

