



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUTH BASKETBALL RECREATIONAL LEAGUE REGISTRATION FORM

Who: Grades: K-8th grade
Where: All games are played on Saturdays at the YMCA of Hannibal & Hannibal Middle School
When: Season runs March 3rd-April 7th
Registration and Fees: Early Bird: January 8th-14th Members \$30 Non members \$48
Normal Registration January 15th-Feb. 5th Members \$35 Non members \$54
 Late fee (After February 5th) \$10 Financial Assistance is available
Coaches meeting: February 13th at 6:00pm at the YMCA of Hannibal
 *All teams, coaches, practices & game information will be available after the coaches meeting.

(Placement on team after registration period is dependent on space available only)
 Please remit to YMCA of Hannibal (Do not return to school)



.....

Name: _____ Sex: M F Birthday: ____/____/____
 Address: _____ City/State/Zip _____
 Phone: _____ E-mail _____ Height _____ Weight _____
 School _____ Grade _____ Age _____ T-Shirt YS YM YL AS AM AL AXL
 Special Health Needs/Requests _____
 Skill Level (circle one) A-advanced, B-Intermediate, C-beginner. Number of Years Experience _____
 Parent(s) Name(s) _____ Work Phone _____
 Guardian(s) Name(s) _____ Work Phone _____
 Emergency Contact _____ Relation _____ Phone _____

Agreement

I hereby certify that my child is in normal health and capable of safe participation in the youth sports 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 for my child in the event that parents and the emergency contact cannot be reached. I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership. I am willing to participate as a volunteer in support of the program as a : (circle one or more)

COACH ASSISANT COACH OFFICIAL OTHER _____

Signature of parent or guardian _____ Date _____

FOR OFFICE USE ONLY

Date _____ Amount Paid _____ Check # _____ Cash _____ Staff _____
 Put in Daxko _____ code #29