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2018 Spring Basketball League AT THE Racine Family YMCA

Bring your basketball talents to The Y and register for the Racine Family YMCA's Youth Leagues. This is a chance to work on your basketball skills during the spring months. This season, we are offering Mites 4/5 years old, Mighty 6/7 years old, Sophomores 8/9 years old, Juniors 10/11 years old & Seniors 12/13 Co-ed divisions. Any special requests MUST be indicated on your registration form.

Registrations now open until March 12th. Practices are held during the week at the Lakefront Y, beginning the week of **March 19th**. Games are played on Saturdays, beginning on **April 14th – June 23rd**. Participants will receive a team jersey. Practice during the week at The Lakefront Y. Mites & Mighty Mites only meet on Saturday's starting March 24th at Sealed Air.

DIVISIONS: Mites 4/5 years old, Mighty 6/7 years old, Sophomores 8/9 years old,
Juniors 10/11 years old and Seniors 12/13

FEE: \$45 Member/RUSD Student ---- \$65 General Public/Non RUSD Student

CONTACT: T.J. Hearn, Sports & Rec. Director the Racine Family YMCA

Email: thearn@ymcaracine.org Phone: (262) 898-4751



The Racine Family YMCA Youth Basketball League Form

Co-Ed LEAGUE FORMAT

- * Season begins March 19th, 2018 and ends June 16th, 2018. Mites and Mighty March start on March 24th.
- * Games are scheduled to be played on Saturdays at the Sealed Air Branch and/or The Real School Field House.
- * Teams in the Sophomore, Junior and Senior Leagues will meet once a week for practice at the Lakefront Branch.
- * Practice times are determined by coaches. Age as of league start date.

REGISTRATION & FEES

- * **Open Registration** will be held Jan. 8th- March. 12th, 2018 during building hours at both branches or online.
 - * **REGISTRATION FEE:** \$45.00 YMCA members \$65.00 Non-members (Fee includes T-shirt)
 - * Late Registration forms will be placed on a waiting list and accepted **ONLY** with the approval of the Director/Coordinator.
 - * Player/Coach preference **is not guaranteed**, but every effort will be made to accommodate.
 - * **ABSOLUTELY NO REFUNDS WILL BE GIVEN UNLESS THE YMCA CANCELS THE PROGRAM.**
 - ** Players can only **play** in one division. Players may play up a division but can only play down a division at the approval from the director.
 - * **For more information please call T.J. Hearn at 262. 898-4751 or e-mail at thearn@ymcaracine.org**
- Mites & Mighty Mites will meet only on Saturday's at Sealed Air. They will all practice together for 45 minutes and then be separated into teams and scrimmage for another 40 minutes. Max of 40 participants in the Mites & Mighty Mites divisions. Mites will start at 8:00AM and the Mighty Mites will begin at 9:45AM.
- The Y reserves the right to combine divisions based on number of players.

Child's Last Name	Child's First Name	Child's Birthdate	Sex <input type="radio"/> Male <input type="radio"/> Female
Home Address and zip code	T-Shirt Size: _____ (Youth: S, M, L, XL Adult: S, M, L, XL)	Primary Phone:	Is child a YMCA Member? <input type="radio"/> Yes <input type="radio"/> No
Parent/Guardian Name	Lives with Y/N	E-mail Address:	
Parent/Guardian Name	Lives with Y/N	Cell Phone and Service Provider For Text Alerts:	
Other Person to notify in an emergency	Phone:		
Doctors Name	Phone:		
Does your child have any known medical/health conditions? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.			
Has your child ever played in a Basketball League before? <input type="radio"/> Yes <input type="radio"/> No	Child's Grade & School:	Last League	

Team or Coach Preference: (Please note: Team/Coach preference cannot be guaranteed.)

COED DIVISION: Mites 4-5 mMighty Mites 6-7 Sophomores 8-9 Juniors 10-11 Seniors 12-13
(Above is based on age, for example Mites are 4-5-year old's)

WAIVER OF LIABILITY

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the YMCA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth sports programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify the YMCA, its affiliated organizations and sponsors, their employees and associated personnel including the owners of facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same with transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent.

My Insurance Carrier is _____ Policy Number _____

PARENT/GUARDIAN SIGNATURE

DATE

COACHES NEEDED-please consider volunteering! Name:

I would like to help with the following: Coach Assistant Coach **Phone/email:** _____