

GET IN THE GAME!

NON-PROFIT ORG
PRSRRT STD
PERMIT NO. 332
STOCKTON, CA

Basketball (Age 5-17)

September 9, 2017—October 28, 2017

- One practice per week, day/time selected by the coach.
- All games are on Saturday.
- This program is co-ed.
- Practices begin the week of September 5th.

When kids play Y-Sports they learn more than skills—they develop character. We impart our four core values: honesty, respect, caring and responsibility, at all of our practices and games. The Y is the only game in town that builds a healthy mind, body and spirit!



Return completed form with payment to:

YMCA of San Joaquin County
2105 W March Lane Suite 1
Stockton, CA 95207
P: (209) 472-9622



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Stockton, CA 95207



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

YOUTH BASKETBALL

AGES 5-17

YMCA of San Joaquin County

FALL LEAGUE 2017



Register by August 28th
First Game: September 9th
ymcasjc.org/basketball
(209)-472-9622

- REGISTRATION FORM -

Child's Name: _____

Age: _____ Date of Birth: _____ M: _____ F: _____

Address: _____

City: _____ Zip: _____

School: _____ Grade: _____

Child's Jersey Only (Circle One)

YS YM YL AS AM AL AXL

Special Needs / Physical Limitations / Allergies / Medications:

Parent / Guardian: _____

Cell Phone: _____

Cell Phone Carrier: _____ DOB: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Waiver of Liability / Photo Release: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly as a result of, and or participation in the YMCA of San Joaquin County, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA expressly including, but not limited to the Board of Directors of the YMCA of San Joaquin County except injuries caused intentionally, or by willful misconduct. I give my permission for my children(s) picture to be used as a promotion for the YMCA. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by my heirs, administrators, executors, successors, and assigns.

Parent / Guardian (Please print clearly)

Signature

Date

Request Coach: _____

Request Player: _____

How did you hear about this program? (Circle One)

Email Mail Banner Walk-In Friend

Website Other: _____

Volunteer! Our youth sports programs would not be possible without the time and effort of selfless volunteers such as yourself. Please consider showing your support for the YMCA by volunteering today!

Head Coaches will need to be fingerprinted or show proof of recent Live Scan to Sports Director before coaching. For information on Live Scan please call our office at 209-472-9622.

Volunteer Name: _____

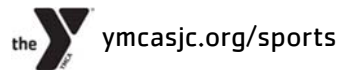
What position are you volunteering for? (Circle One)

Coach Asst. Coach Team Parent

Head Coach T-Shirt (Circle One)

S M L XL XXL

DONATE!
The Y receives a large amount of requests for scholarships to participate in our sports leagues. Please help us provide financial aid to these deserving applicants by making a donation or sponsoring a team. Contact our office today at (209) 472-9622 to find out more.



- PRICE -

- Annual Membership Fee: \$10
- In-office Registration Fee: \$100
Online Registration Fee: \$95
- A \$10 late fee will be applied to any registration received after August 21st.
- A \$10 cancellation fee will apply. No refunds will be given after the start of games.
- You must register by the deadline to guarantee your spot in the program.
- Financial assistance is available for those who qualify. Applications must be received by the registration deadline on August 14th.



Note: This program is not related to not endorsed by Stockton Unified School District, Lodi Unified School District or Lincoln Unified School District; it is solely offered and managed by the YMCA of San Joaquin County.