

REGISTRATION DEADLINE December 19, 2011



# YMCA 3rd - 6th Grade Girls Basketball Registration Form

**REGISTRATION DEADLINE:** Monday, December 19<sup>th</sup>, 2011

**SEASON BEGINS:** Season begins in January

Games will be played on Saturday mornings

**FEE:** \$27.00 (Includes T-shirt)



This is for GIRLS in 3<sup>rd</sup> thru 6<sup>th</sup> grade  
Categories for play are:  
3<sup>rd</sup> & 4<sup>th</sup> grade  
5<sup>th</sup> & 6<sup>th</sup> grade

**NO PHYSICAL REQUIRED**

**\$5.00 late fee if not turned in by the December 19<sup>th</sup> deadline**

**VOLUNTEER COACHES NEEDED. PLEASE CALL THE YMCA AT 762-4780**

CHILDS NAME: \_\_\_\_\_ Female PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

\*\* If in 6th grade, put elementary school you attended last year

SHIRT SIZE: Youth Medium Youth Large  
Adult Small Adult Medium Adult Large X-Large

Pd \_\_\_\_ W \_\_\_\_  
Recp. \_\_\_\_\_  
Name \_\_\_\_\_

The Junction City Family YMCA **does not** provide medical or accident insurance for any youth programs. It is the responsibility of the participant's parents or legal guardian to provide such insurance if desired. In consideration of my acceptance in these programs, I do, release and forever discharge, the Junction City Family YMCA, its officers, employees and agents, and its successors and assigns from any and all claims of demands which I may have or might have at any time now or in the future, arising or resulting directly from my child's participation in these programs, including but not limited to any illness, injury, or occurrence arising there from. Furthermore, I declare my child to be in good medical condition for the participation in the above program. It is the Junction City Family YMCA's policy that all children wanting to participate in any YMCA sports program and can't afford to pay the fee, the YMCA will waive the fee. A \$5.00 processing fee is charged for any refund.

PRINT PARENT OR GUARDIAN NAME: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS OF PARENT OR GUARDIAN: \_\_\_\_\_

## Volunteer Coaching Information

I am willing to be a Volunteer Coach Yes or No If yes, please indicate what grade level \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Please Return Form to:**  
Junction City Family YMCA  
1703 McFarland Road  
Junction City, 66441  
Phone: (785) 762-4780

Partnered  
with:

