

YMCA YOUTH SPRING BASKETBALL LEAGUE

The YMCA Youth Spring Basketball League is designed to be an opportunity for boys and girls to continue their growth, abilities, & skills development in the game of basketball. The program is recommended primarily for those players interested in continuing their growth in the game of basketball.

Program Fee: \$55 per child
(\$5 discount for each additional sibling)



The YMCA Youth Basketball Spring League season begins March 14th and runs until May 30th.
No practice Easter Sunday!

(2 weeks of practice, 8 weeks of games)
All league practices and games will take place in the YMCA of Cecil County gymnasiums.

All practices and games will be held on Sundays ONLY, beginning no earlier than 1:00 pm.

Teams will be divided into 8 divisions:

5 & 6 grade girls division, 5 & 6 grade boys division
7 & 8 grade girls division, 7 & 8 grade boys division
9 & 10 grade girls division, 9 & 10 grade boys division
11 & 12 grade girls division, 11 & 12 grade boys division

Financial assistance available. No child shall be turned away for financial reasons.

Registration starts February 1, 2010. To register, please complete the form below and deliver to the YMCA today at the following address:
25 YMCA Boulevard, Elkton, MD 21921

For further information, call John Kampes 410-398-2333, ext. 19 or visit our website at: www.yמצecil.org

This registration form MUST be filled out in its entirety to be processed. Thank You. Spring Basketball

Players Name : _____

School Attending: _____

Grade: _____ Gender: _____ Child's Age: _____ D.O.B. _____ Height: _____

Contact Address _____ City _____ State _____ Zip _____

Contact Phone (daytime) _____ (evening) _____

Are there any medical conditions we should know about? _____

Child's years of Playing experience _____ Child's coach(es) last year _____

Special Instructions: _____

Shirt Size: YOUTH: Large _____

ADULT: Small _____ Medium _____ Large _____ XL _____ Other _____

YES, I AM WILLING TO COACH **NAME:** _____

Statement by Parent/Guardian:

I do hereby allow my Child or Ward to participate in any practice, game or function sanctioned by the YMCA of Cecil County. I accept full responsibility for any and all liability and release the YMCA of Cecil County, it's Staff and/or Coaches from any financial liability due to injury or otherwise. I agree to accept the team to which my Child or Ward is assigned. I hereby give my permission for any and all medical attention necessary to be administered to my Child or Ward in the event of accident, sickness or other circumstances, until such time as I can be contacted. I also hereby assume responsibility for payment of any such treatment.

MY SIGNATURE WILL VERIFY THAT I HAVE READ AND AGREE WITH THE PARENTS/PLAYERS/COACHES CODE OF ETHICS.

Name (print) _____ Signature: _____

Date: _____