



Registration Form YMCA

Friday Night Basketball Rec League

Begins week of October 9, 2017

Name of Child	Grade	Y Member

Parent Name (s) _____

Home Number _____ Cell Number _____

Email _____

(If you share your email address, it will only be used for Youth Basketball information, such as to confirm games times or changes in the schedule)

Volunteers make this program possible. We appreciate any help you can give.

Willing to help with: _____ timing/scorekeeping _____ referee/coach

We are going to open up the gym to age groups of kids so that they can work on their skills. We are asking if there are any parent volunteers that are willing to work with the age groups. Please email tinahouseholder@gmail.com with any questions.

Willing to help with "Practice Nights" _____ age group and night preference _____

FRIDAY NIGHT REC LEAGUE NIGHTS

Begins Friday, Oct 20, 2017

Y Members \$20

Potential Members \$25

**Payment is due at time of registration.*

I grant permission for my child to participate in basketball _____

Photo release for YMCA publicity: online _____ newspaper _____ _____