



# YMCA 2024 Winter Basketball for Youth Grades K-5

Deadline to register is Oct 21, 2024

\$10 late fee for anyone that registers after deadline if slots are available

**Registration is limited; No team requests**

Send registration form & check to YMCA,  
7805 Eagle Way, Hopkinsville, KY 42240

Register on-line at [www.hopkinsvilleymca.org](http://www.hopkinsvilleymca.org)

YMCA Members \$60+6% sales tax ←Entry Fee→ Non-Member \$75+6% sales tax

The YMCA is a United Way agency and offers financial assistance, as funds are available.

Participant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade for 2024-25 School Year: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Uniform Size: (circle one) YXS (2-4) YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

Circle Division grade as of September 1, 2024 (if a division does not have enough players, we will form co-ed teams)

K-2nd Grade Boys

3rd-5th Grade Girls

K-2nd Grade Girls

3rd-5th Grade Boys

Mother's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (e-mail) \_\_\_\_\_

Father's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (e-mail) \_\_\_\_\_

If parents are divorced/separated who is custodial parent? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special needs or disabilities of applicant: \_\_\_\_\_

I am willing to participate as a volunteer COACH (please circle): YES NO

COACH NAME: \_\_\_\_\_ COACH PHONE NUMBER: \_\_\_\_\_

COACH E-MAIL: \_\_\_\_\_

(When registration ends coaches will be contacted. Coaches are chosen by date registration form is received. If you coach you will then receive the coach discount on your account as a credit to be used towards future programming.)

### Waiver

I acknowledge that the Hopkinsville Family YMCA carries liability insurance and does not provide health or accident insurance for its programs. In consideration of my participation in the activities of the YMCA basketball program, I do hereby agree to hold free from any and all liability the Hopkinsville YMCA and its respective officers, directors, employees, and volunteers and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge all rights and claims for all injuries and damages occurred. I do hereby declare participant to be physically, emotionally sound, having medical approval to participate in the activities of the YMCA Basketball program. I have read this registration form and agree to abide by all YMCA guidelines and youth sports philosophy.

### Photo Release

I HEREBY CONSENT to the use, publication and display, in whole or in part, by or on behalf of HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA and its agents and assignees, including, but not limited to media sources, and HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA, of any film, video tapes or photographs in which I or my minor child may be portrayed or identified. I waive all claims for any compensation for such use. I understand that permission is given use that HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA will be credited for the photograph(S). I waive all rights to inspect and/or approve any of the printed matter that may be used in conjunction with the photograph(S) and the use to which it/they may be put.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA Refund Policy: No refunds. Initial: \_\_\_\_\_

Games: Game Dates are tentatively scheduled from November-December. Games will be played at the YMCA. Game schedules will be given to coaches and also posted on our web site. Regular games will be played on Saturday mornings and weekdays after 5 p.m. if needed. We will also use our website and Facebook for game cancellations.

### YMCA Mission Statement:

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.



Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Amt.pd. \_\_\_\_\_

Cash \_\_\_\_\_

Check # \_\_\_\_\_

Credit \_\_\_\_\_

REC# \_\_\_\_\_

COACH: Y N