



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SKILLS, CONFIDENCE & CHARACTER



YOUTH SPRING BASKETBALL LEAGUE YMCA OF LENAWEE 2019

This league will consist of 6 weeks of game play with practices taking place once a week. Participants will have the opportunity to learn new skills, improve on current skills and compete in a player friendly environment. The YMCA of Lenawee's leagues focus on teamwork, good sportsmanship, fair play and most of all FUN! All participants and coaches receive team shirts! Register your child today!

Evaluations will be Saturday March 9 at the YMCA

Ages 6-9 at 10:00am (evaluations)

Ages 10-12 at 11:00am (evaluations)

Ages 13-15 at 12:00pm (evaluations)

Age Divisions: 6-9, 10-12 & 13-15

Game Dates: Saturdays, March 16 – May 4 (No games will be played Spring Break March 30 & April 6)

Location: YMCA Main Gym

Times: Games start at 10:00am

Practices: Practices will be held once a week (dates and times will depend on coaches & players schedules)

Fee: \$30 Y family member /\$45 City of Adrian Resident/\$60 Non-Resident



*****Scholarships are available for those that qualify*****

Registration Deadline will be March 8

YMCA OF LENAWEE COUNTY
638 W. Maumee St. | Adrian, MI 49221
P 517-263-2151 F 517-263-2153



Youth Sports Registration & Waiver Form

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How did you hear about this program? Referral ___ Newspaper ___ Postcard/Mailer ___ Radio ___
Email Newsletter ___ The YMCA ___ Workplace ___ Program Guide ___ Website ___ Other _____

Sport/Program *(Please Print)*: _____

YMCA Membership: YMCA Member _____ Non-Member _____

Participant Name: _____ Gender: M F Birthdate: _____

Age as of Start of Program: _____ T-Shirt Size: YS YM YL AS AM AL AXL Grade: _____

School: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Medical Conditions: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Help Make Your Child's Experience even Better VOLUNTEER today!

I would like to volunteer as a: Coach _____ Assistant Coach _____ Shirt Size: AS AM AL AXL

Waiver and Release

1. I hereby certify that my child is in normal health and is capable of safe participation in the program indicated above. I assume all risks and hazards incidental to the conduct of this program, I hereby authorize the YMCA of Lenawee County to obtain medical treatment for my child in the event that the parent and emergency contact cannot be reached.
2. I hereby release the YMCA of Lenawee County and any associated persons or employees from any claims for any injuries, personal losses, or damage done to personal property while on the premises of either the YMCA of Lenawee County, or properties associated with specific programs of the organization.
3. I agree to indemnify and save harmless the YMCA of Lenawee County from any claims or demands arising out of any such injuries or losses.
4. I authorize the publication of any photography taken for or during this program for the use of promoting or advertising further programs, unless I notify the YMCA of Lenawee County, of my desire to not permit any published photos at the time of registration.
5. I certify that I (the parent or guardian) and my child HAVE READ the MDCH concussion information found online at http://michigan.gov/documents/mdch/ParentsFactSheet_415323_7.pdf and http://michigan.gov/documents/mdch/AthletesFactSheet_415324_7.pdf, on the YMCA website under Youth Sports, or at the YMCA front desk.

**By signing below I certify that I have read, agree to, and have done all actions indicated in the five (5) points listed above.*

Signature: _____ Date: _____