



# 2017 - 2018 YMCA PRE-K BASKETBALL



**PRE-K BASKETBALL**  
Season begins in January

**REGISTRATION DEADLINE: NOVEMBER 18**

Member fee: \$28 Participant fee: \$50  
**\$30 late fee plus registration fee after  
registration deadline**

Youth Memberships to the YMCA are only \$15.85/mo.  
Family Memberships are only \$56.60/ mo.

Name of player: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Y Member? Yes / No Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Years playing this sport: \_\_\_\_\_ **Shirt Size:** YXS YS YM YL AS AM AL AXL

Parent(s) name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name of parent willing to Coach: \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Special health needs/special requests: \_\_\_\_\_

Best way to contact you about this sport? If text, what number \_\_\_\_\_

If email, what address \_\_\_\_\_

### INFORMED CONSENT AGREEMENT

I hereby certify that my child is of normal health. I assume all risks related to the conduct of the program. I will hold the Clinton Community YMCA and its staff harmless from any claims, suits or losses including but not limited to claims resulting from injury or death, accidental or otherwise. I authorize the Clinton Community YMCA to obtain medical treatment for my child in the event I cannot be contacted. (Failure to sign agreement will result in the loss of playing opportunity for your child.)

For Office Use Only
Amt. Pd. _____
Staff _____

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would prefer my child's photo **NOT** to be taken or used for promotional uses.

*Please return registration form and fee to the Clinton Community YMCA,  
417 S. Alexander St., Clinton, IL 61727*

*Phone: (217) 935-8307 fax: (217) 937-0184 Check us out on Facebook - Clinton Community YMCA*