



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BUILDING SKILL CONFIDENCE & CHARACTER

## Youth Basketball MT. MADONNA YMCA

**WINTER SEASON:** January 14 – March 3, 2012

### ITTY BITTY BASKETBALL

<b>Ages</b>	2-3	
<b>Games</b>	Saturdays, 9am	
<b>Location</b>	Centennial Recreation Center	
<b>Fee</b>	CRC Member	\$55
	Program Member	\$65*

### LITTLE HOOPSTERS BASKETBALL

<b>Ages</b>	3-4	
<b>Games</b>	Saturdays, 9am & 10am	
<b>Location</b>	Centennial Recreation Center	
<b>Fee</b>	CRC Member	\$65
	Program Member	\$75*

### YOUTH BASKETBALL

<b>Ages</b>	5-6, 7-8, 9-11	
<b>Practice</b>	One weeknight (to be determined by coaches) for one hour	
<b>Games</b>	Saturdays between 11am and 2pm	
<b>Location</b>	Centennial Recreation Center	
<b>Fee</b>	CRC Member	\$65
	Program Member	\$75*

\* Current Program Membership Required (\$25)



### CONTACT US

For more information, call the Mt. Madonna YMCA at the Centennial Recreation Center at (408) 762-6000.

### TO REGISTER

Download a registration form at [mtmadonnaymca.org](http://mtmadonnaymca.org) and bring the completed form to the Mt. Madonna YMCA at the Centennial Recreation Center with your payment. You also must sign a liability waiver upon registration. Program fees include a jersey, end-of-season medal and certificate.

### REGISTRATION DEADLINE

Friday, January 6, 2012. A late fee of \$25 will be added for all registrations received after that date.

### FINANCIAL ASSISTANCE

The Y is accessible to all people. Financial assistance is offered to individuals and families who cannot afford the program fees, thanks to the generosity of donors like you to our Annual Giving Campaign. Pick up a confidential application for financial assistance at our Y.

**REGISTER NOW! SPACE IS LIMITED**

# REGISTRATION FORM (one form per player)

Player Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  Male  Female Number of years played \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

**Please list the league/division you are registering for** \_\_\_\_\_

**Practice Requests** \_\_\_\_\_

**Player/Coach Requests** \_\_\_\_\_

**T-shirt/Jersey Size:**  **YXS**  **YS**  **YM**  **YL**  **AS**  **AM**  **AL**  **AXL**

If you choose a size that does not fit your child, a replacement t-shirt/jersey will cost \$10.

**Volunteer Opportunities:** I am interested in volunteering as a...  Referee  Team Parent  Head Coach  Assistant Coach

Volunteer Name \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ T-shirt Size \_\_\_\_\_

**Note to Parent/Guardian:** I hereby certify that the above named child is in normal health and capable of participating safely in basketball at the Y. I grant permission for the above named child to participate in this program.

**Parent/Guardian Signature**  \_\_\_\_\_

**Emergency Treatment Release:** As a parent/guardian of \_\_\_\_\_, a minor, I herewith authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Allergies/Conditions (please describe) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Parent/Guardian Signature**  \_\_\_\_\_ **Date** \_\_\_\_\_

Approval for distribution of these materials does not imply endorsement by the Morgan Hill or Gilroy Unified School Districts (Board Policy 1325).

