

# 2017 Hoerner YMCA Basketball Registration Form



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



<b>Grades/Division</b>	(PK&K) (1&2) (3&4) (5&6) (Divisions are grouped by ( ))
<b>Registration Starts</b>	September 6th \$25 Members \$50 Non-Members
<b>Registration Ends</b>	November 13th (No Late Registrations Will Be Accepted)
<b>Coaches Meeting</b>	November 16th
<b>Games Start</b>	December 2nd (No games on December 23rd or 30th)
<b>Games End</b>	January 20th

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  Boy  Girl

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

**T-Shirt Size**  Youth Small  Youth Med  Youth Large  Adult Small  Adult Size \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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

**EMAIL ADDRESS:** \_\_\_\_\_ **Required for all contact.**

I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen.

Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.

I understand that the program fee **must be paid with the registration form and is non-refundable** if the participant listed above is unable to attend. I am also aware of the refund policy stated forth by the YMCA. Refunds will only be issued with a certified medical excuse and will be subject to a \$5 processing fee.

I give my consent for full participation in the sport program for which the participant above is registered. I accept the risk incidental to this activity and do hereby release the Hoerner YMCA, its employees, volunteers, directors, members, and guest of any liability or negligence resulting from an accident or injury incurred while participating in this activity.

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

**Practices:** The head coach will contact the parents about practice times and locations.

**Games:** All games will be held on Saturdays TBA.

**Contact:** Noelle Limkemann, Program Director – hoernerymcaprograms@gmail.com

**ALL REGISTRATION FORMS MUST BE RETURNED TO: 2126 Plank Rd,  
Keokuk, IA 52632 319-524-6724**

This program is not affiliated with the Keokuk Community School District. Please direct all inquiries to the Hoerner YMCA at 319-524-6724.



**Volunteer Head Coach (50% off single registration)**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I want to help kids participate!**

Please accept my tax deductible donation to the scholarship fund or team sponsorship: \$ \_\_\_\_\_

\_\_\_\_ Team Sponsor-\$250 \_\_\_\_ League Sponsor-\$2500