

# WINTER BALL | Belvidere Y

## Co-Ed Youth Basketball League

REGISTER NOW THROUGH JANUARY 11th!!

### GRADES 2nd through 4th

First Eligible Practice Date: week of January 13th

Games Every Saturday: January 25th-March 7th

#### LEAGUE FEATURES

-2 weeks practice time to improve skills before league play begins

-Practices 1-2 times a week

### GRADES 5th & 6th and 7th & 8th

First Eligible Practice Date: week of January 13th

Games Every Saturday: January 25th-March 7th

#### LEAGUE FEATURES

2 weeks practice time to improve skills before league play begins

Practices 1-2 times a week

This 5 on 5 league will focus on skill building, play running and teamwork.

This preparatory league will include playoff tournaments.

#### WHAT YOU'LL NEED:

Gym Shoes

Water Bottle w/your name

#### WHAT WE'LL PROVIDE:

Volunteer Coaches

Skilled Referees

Practice Equipment

Team Shirts

#### FEES:

Individual Member \$70.00

Individual Non-Member \$85.00

Team \$575.00

Teams may consist of 10 players.

Please register and pay for team as a whole.

**PROGRAM ELIGIBLE FOR PATRICK J. MURPHY SCHOLARSHIP.**

**\$5 Late fee if registering after January 11th**

#### Have questions?

Contact Eric Ross at 815-547-5307 or

[eross@belviderefamilyymca.org](mailto:eross@belviderefamilyymca.org)

All special requests due to ride sharing, etc. will be considered but not guaranteed. The YMCA will be accepting both team and individual sign up in both leagues.



# WINTER BALL 2020 REGISTRATION

1. Register online at [belviderefamilyymca.org](http://belviderefamilyymca.org)
2. Register in person at 220 W. Locust St. in Belvidere
3. Register over the phone at 815-547-5307
4. Register via email to [info@belviderefamilyymca.org](mailto:info@belviderefamilyymca.org)

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade \_\_\_\_\_ School: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (Youth or Adult)

Parent/Guardian Name: \_\_\_\_\_ Interested in Coaching? \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Phone Carrier: \_\_\_\_\_

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

Emergency Contact & Number: \_\_\_\_\_

Allergy /Medical Info (if applicable): \_\_\_\_\_

Special Request/Coach (if applicable): \_\_\_\_\_

Please Circle One:            Member            Non-Member

Member at another Y? You still qualify for member pricing on this program! Just circle member and we will do the rest!

Payment:            Cash            Check            Credit Card            Amount: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the Belvidere Family YMCA to charge my credit card for the appropriate fee for the youth basketball league.

**Signature:** \_\_\_\_\_

I am aware that participation in the Belvidere Family YMCA youth sports league has some inherent risks and injury can occur. On rare occasions, these injuries can be serious. In consideration of my child being allowed to participate in the youth sports league, I, the parent/guardian, assume the risk of all injury and agree not to sue Belvidere Family YMCA, the directors, coaches, assistant coaches, agents, or volunteers for any and all injuries caused by or resulting from participating at the Belvidere Family YMCA. By signing this waiver, I also authorize the use of pictures of the above-named participant to be posted in the Belvidere Family Y's advertising media.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_