



PROGRAM REGISTRATION FORM
Miami County YMCA
34 East Sixth St., Peru IN 46970 (765) 472-1979

Program Name: **YOUTH BASKETBALL (ages 4-12)** Enrollment Date: ____/____/____

Name: _____ Gender: F M Birthdate: ____/____/____
Last First Age: _____

Contact Phone: (____) ____-____ **Contact e-mail:** _____

Address: _____ City: _____ Zip: _____

of prev. times as a participant: ____ **Skill Level:** Advanced Intermediate Beginner
(as compared to others of similar age)

Previous Coach or Team: _____

Shirt Size: () Youth () XS () S () M () L **OR** () Adult () S () M () L () XL

Parent/Guardian Name(s): _____

Work or Cell: () _____ - _____ Textable? Y N

Emergency Contact: _____ Phone: _____

WAIVER OF LIABILITY AND DISCLAIMER

To induce the Miami County YMCA to accept registration and permit participation in the YMCA program by the named individual, I hereby agree to release, indemnify, and hold harmless the Miami County YMCA, its officials, coaches, and representatives from any claim arising out of injury to the named individual. We also hold harmless the Miami County YMCA, its officials, coaches, and representatives, from any claim arising out of injuries or conditions caused by or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs.

1. I hereby certify that the named individual is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the named individual in the event that the emergency contact (or parent if applicable) cannot be reached.
2. I support YMCA philosophy and core values, which are caring, respect, honesty and responsibility.
3. I am willing to participate as a volunteer in support of this program as a: (Circle)

Coach Assistant coach Official Other _____

Special Needs/request: _____

I am interested in Sponsoring a team: Business/Individual name _____
(\$200 for team sponsorship)

Parent or guardian Signature: _____

OFFICE USE:

Date: _____ Amount Paid: _____ Receipt #: _____

FAMILY FUN FOR HALLOWEEN



Oct. 25th; 7-9pm; Miami County YMCA

Cost: Y Members: \$5/family; Non Members: \$10/family

A drug & alcohol free event co-sponsored by the SAPC

Families with kids age 3-12: Costume Parade/Contest, Crafts, Snacks, Treat Walk, Maze, Games, and more!
Call the **Y at 472-1979** for more information.



MIAMI COUNTY YMCA
34 East Sixth Street, Peru
765 472-1979



Learn Together
Play Together
Grow Together

YMCA Youth Basketball

For Boys and Girls Ages 4-12

Practices begin week of Nov. 11th; Games begin January 4th

YMCA Youth Basketball is about SO MUCH MORE than just keeping score:

Sportsmanship, Responsibility, Overcoming Challenges, Teamwork, Positive Role

\$25/ Y member; \$50/non-member

Financial assistance is available.

Register online at miamicounty.org or complete
enclosed form and return to the Y by **October 31st**

Contact: MIAMI COUNTY YMCA; Caleb Bragg 765-472-1979 ext. 226; cbragg@mcymca.org

