



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SHOOT & SCORE

2018 Boys' Basketball League OFFERED FOR K – 6TH GRADE

Early Registration: October 22nd – November 25th

Late Registration: November 26th – Dec. 2nd

Game Days & Times:

- *Games begin week of January 7th
- *Tentative 8 Week Schedule (dependent on # of teams)
- *Game days dependent on # of teams in each division



Individual Registration Fees

- *YMCA Member: \$28, early; \$40, late
- *Community Member: \$38, early; \$50, late

Team Registration Fees:

- *In County: \$260, early; \$280, late
- *Out of County: \$280, early; \$300, late

YMCA SKILLS CLINIC – FREE WITH ANY SIGN UP – DATE & TIME TBA

NAME: _____ PARENTS NAME: _____
GRADE: _____ PARENT PHONE: _____
E-MAIL ADDRESS: _____ ATTENDING SKILLS CLINIC (please circle) YES NO
WOULD YOU LIKE TO COACH? (please circle) YES NO

In consideration of my child's participation of the YMCA of Callaway County, I do hereby agree to hold free from any and all liability the YMCA of Callaway County and its respective officers, employees, volunteers and members, and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights for damages which my child may have or which may hereafter accrue to them arising out of or connected with there participation in any activities of the YMCA of Callaway County. I do hereby further declare my child to be physically sound and suffering from no condition or illness that would prevent there participation in any activity of the YMCA of Callaway County. I acknowledge that they have either had a physical examination and have been given their physician's permission to participate, or that I have decided they can participate in this activity without the approval of their physician. I hereby irrevocably release, consent and allow the YMCA of Callaway County and its agent to use my photograph/likeness/voice, including all persons as listed, as it pertains to my participation with the YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

Parent Signature: _____

Date: _____

TEAM REGISTRATION FORM

Division (please circle): K-2nd 3rd & 4th 5th & 6th

Name of Team: _____

Coach: _____ Assistant Coach: _____

Phone: _____ Phone: _____

Coach E-mail Address: _____

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Print Name

Parent Signature

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2. _____
3. _____
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****TEAM MUST PROVIDE UNIFORMS****

*****TEAMS MUST PAY IN FULL AT TIME OF REGISTRATION*****