



# CUMBERLAND CAPE ATLANTIC YMCA 2018 YOUTH BASKETBALL LEAGUE REGISTRATION

**Registration Begins:** Dec 11th for facility members and Dec 18th for program members.

**For Guaranteed Placement register by:** Dec 27th, 2017

**Late Registration:** Not Guaranteed a Game shirt. Spots will fill fast!

**Child Information:** Please print clearly with complete information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Grade (Current Year): \_\_\_\_\_ School: \_\_\_\_\_

**Parent Information: Please print clearly**

**Parent 1 Name:** \_\_\_\_\_  Male  Female

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_  Male  Female

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Child resides with:**  Both  Parent 1  Parent 2  Guardian  Other \_\_\_\_\_

**Basketball League: Division determine on participation**

**League Choice:**  Boys  Girls

**Shirt Size**

**League Fees:**

Pre K-K Division  1st & 2nd Division **Youth:**  Small  Medium  Large

\$50 for Facility Member

3rd & 4th Division  5th & 6th Division **Adult:**  Small  Medium  Large

\$65 for Program Member

\*Fee includes team shirt

**WANTED: VOLUNTEER COACHES AND SPONSORS**

**Make a difference in a child's life by serving as a volunteer youth sports coach or by sponsoring a team.**

**O YES! I WANT TO BE A SPONSOR FOR BASKETBALL!**

Company Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Contact: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**Interested in a spot on our Y TV?**

**Contact Cara Morello at**

**cmorello@ccaymca.org**

**or (856)691-0030 ext 107**

**O YES! I WANT TO BE A VOLUNTEER COACH**

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

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

Please list below the days and times that would work best for you to volunteer coach:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duties include running practices, drills, etc., and working with groups of 8+ children at time. For more information on coaching, please contact Tessa Messore, Youth Sports Coordinator, at youthsports@ccaymca.org

**FOR OFFICE USE ONLY**

Staff Signature: \_\_\_\_\_ Date Pd: \_\_\_\_\_ Amount: \_\_\_\_\_

**Emergency Contacts Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**The YMCA takes your child’s safety very seriously. All medical information must be completed.**

**Allergies:** Please put N/A if your child does not have an allergy

Food/ Medication / Other: \_\_\_\_\_

**Specific activities that are restricted for health reasons:** \_\_\_\_\_

\_\_\_\_\_

If you wish for your child to play on the same team as another child, please write the names on the blank space down below. Please understand that we do our best to accommodate these requests, but it is not always possible, and this won’t guarantee we can grant your request. There will be no switching teams after the first practice.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INVITING FAMILY AND FRIENDS TO PRACTICES OR GAMES:** If you have friends or family who will attend practices or games during the season, please be sure to write their names below. For safety reasons, everyone must check in at the Member Service desk, no exceptions. (when weather does not permit outside play, this is important for indoor practices/games.) Please note that every family will be given 5 total passes to give to family members who attend a practice or game. No one will be allowed without a pass.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

**Parent Statement of Understanding**

In consideration for Cumberland Cape Atlantic YMCA (“the YMCA”) agreeing to allow me to use the facilities and services of the YMCA, I, agree to the following: I am fully aware of the risks inherent in the physical activities and programs at the YMCA, and I agree to only engage in and only permit my family members to engage in activities and programs at the YMCA which are appropriate for me and my family. I will indemnify, defend, and hold harmless the YMCA and its agents, officers, employees, and volunteers for any claims against them as a result of any use of YMCA facilities and programs by me or my family. I consent to the YMCA using, for publicity and promotional purposes, the names and photographs of me and my children, participating in any YMCA program. The laws of the State of New Jersey shall govern this Agreement. Jurisdiction and venue of any legal action regarding this Agreement shall be exclusively in the Circuit Court of Salem County, New Jersey. If any provision of this Agreement is held to be unenforceable or void, the remaining provisions shall remain in force and effect. I have read and understand the terms and conditions of this Agreement. I am above the age of 18 years.

**Code of Ethics:** I will encourage good sportsmanship and positive support for all players, coaches, and officials. I will implement the YMCA’s four character values of Caring, Honesty, Respect, and Responsibility. I will encourage a positive and enjoyable experience for all. I will respect all players, coaches, and fans involved, regardless of race, sex, creed or ability.

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