

Y
M
C
A

SUMMER BASKETBALL 09



The South Lake YMCA Basketball Program offers a youth league for kids from the ages of 3 to 15 years old.

The YMCA philosophy of youth sports is safety first, everyone plays, fair play, positive competition, family involvement, and most importantly sports are fun.

3-4 Years Old	Coed
5-6 Years Old	Coed
7-8 Years Old	Coed
9-10 Years Old	Boys
<i>9-10 GIRLS LEAGUE</i>	
11-12 Years Old	Boys
<i>11-12 GIRLS LEAGUE</i>	
13-15 Years Old	Boys
<i>13-15 GIRLS LEAGUE</i>	

Registration Night:

May 15th—\$105.00

Late Registration:

May 18th-May 29th—\$120.00

Practices Begin:

The week of June 8th

Parent Meeting:

May 26th 6:30pm (Celebration of Praise Church)

Coaches Meeting:

May 28th 6:30pm (Celebration of Praise Church)

Games Begin:

June 20th

Other South Lake Programs:

Basketball— January-March; June-August
 Soccer- March-May; August-October
 Flag Football— October-December; January-March
 T-ball/Coach Pitch: October-December; March-May

WE NEED YOUR HELP!

Coaches:

- 20 volunteer coaches needed
- Coaches' Training Provided
- 1-2 hours/week commitment
- 1 practice and game per week

Referees:

- volunteer Referees Needed
- Mandatory Training Provided
- Available on Saturdays

Volunteer Coaches Needed

South Lake YMCA
 305 East Highway 50 Clermont, FL 34711
 352-394-7243

South Lake YMCA Summer Basketball Registration Form

Central Florida All-YMCA Member (_____ Member #)
 Non-Member
 Employee

PARTICIPANT INFORMATION

My child has completed _____ grade in school.

Gender: M / F

Participant Last Name _____ Participant First Name _____ M.I. _____ Date of Birth _____ Age _____
 Street Address _____ City _____ State _____ Zip _____ School Attending _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name _____ Parent/Guardian First Name _____ M.I. _____ Home Phone _____
 Address (if different) _____ Email Address _____
 Employer _____ Work Phone _____ Cell / Alt. Phone _____

EMERGENCY CONTACT Person other than Parent/Guardian to whom may be contacted in case of emergency.

Emergency Contact Last Name _____ First Name _____ Home Phone _____ Cell / Alt. Phone _____

SPECIAL REQUESTS:(Requests are **Not** guaranteed.)

I would like to volunteer coach: **YES** **NO**

Days and Time available to have practice: _____

Volunteer Name: _____
 1st Choice Home Phone: _____
 2nd Choice Cell Phone: _____

Coach's Shirt Size: AS AM AL AXL AXXL AXXXL

I would like to play with Coach: _____ **OR** **My Friend:** _____

Select from the following:

- Youth Basketball League Ages 3-4
- Youth Basketball League Ages 5-6
- Youth Basketball League Ages 7-8
- Youth Basketball League Ages 9-10
- YOUTH BASKETBALL GIRLS AGES 9-10
- Youth Basketball League Ages 11-15
- YOUTH BASKETBALL GIRLS AGES 11-15

SHIRT SIZE

(Re-Orders will be charged \$20.00)

- Youth Small Youth Medium
- Youth Large Adult Small
- Adult Medium Adult Large
- Adult X-Large Adult XX-Large

I would like to donate to the Youth Scholarship Fund:
 \$10
 \$25
 \$50
 \$100
 Other: \$ _____
 (Help us help underprivileged kids in South Lake participate in YMCA programs!)

Payment: CHECK # _____ VISA American Express MASTERCARD EXP DATE: _____ BILLING ZIP CODE: _____

ACCOUNT NO.: _____ SIGNATURE: _____

WAIVER: I understand that the Central Florida YMCA/S. Lake YMCA assumes no responsibility for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her athletic activities, sports program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my child's participation in these activities. I hereby release and discharge the Central Florida YMCA/S. Lake YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, and loss or damage which my child may suffer as a result of his/her participation in these activities. I understand that the Central Florida YMCA/S. Lake YMCA is not responsible for personal property lost or stolen while a member and/or program participant while participating in YMCA activities. I give permission to the Central Florida YMCA/S. Lake YMCA to use, without limitation of obligation, photography, film footage, or tape recordings, which may include me or my family's image or voice for the purposes of promoting or interpreting YMCA Programs. I acknowledge the waiver set forth above and being in sympathy with the Mission Statement of the Central Florida YMCA/S. Lake YMCA agree to sign this waiver. I also agree to comply with the YMCA Youth Sports Philosophy by upholding the values of Caring, Honest, Respect, Responsibility, and Faith.

Signature of Parent or Guardian _____ **Date** _____

305 East Hwy 50 Clermont, FL 34711 (352) 394-7243 Fax: (352) 394-9847 southlakeymca@cfymca.org

OUR MISSION

The purpose of this Association is to improve lives of all in Central Florida by connecting individuals, families and communities with opportunities based on Christian values that strengthen the Spirit, Mind and Body.

