



Kerr County YMCA Winter Basketball League

Registration: October 1 – December 9

Wait List Registration: December 10 - December 14

Skills Assessment December 9 for 3rd grade players and older

1 pm: 3 & 4 Grade Girls & Boys 2 pm: 5 & 6 Grade Girls & Boys

Important Dates to Remember:

Dec. 9 – Assessments

Jan. 7 – Practices Begin

Jan. 12 – First Week of Games

Mar. 2 – Championship Weekend

Registration Fee: \$80 per child

Wait list: After December 9th / Registration Fee: \$100 per child

First Game: January 12

Last Game (Championship): March 2

Call 830-896-8000 or email sports@kerrymca.org regarding questions

YMCA MISSION: TO PUT JUDEO- CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.

REGISTRATIONS CAN BE MAILED WITH FEE ENCLOSED TO:

KERR COUNTY YMCA

P.O. BOX 290188

KERRVILLE, TX 78029

EAT, SLEEP, PLAY
BASKETBALL

We offer online registration: www.kerrYMCA.org

****Or drop the form with the registration fee at the YMCA office on the Hal Peterson Middle School Campus***

***DIRECTIONS:** Turn on Tennis Street by IHOP, enter the school parking lot and follow the road around the back of the school, around the football field, to the gym parking lot. Look for our white building with the Y's on the side.

Registration Form for 2018 Winter Basketball

CHILD'S NAME _____ Gender: M / F DoB: _____ Age as of: _____

Jan 8, 2019

Age Division 4 & 5 yr old Coed** 1st & 2nd 3rd & 4th 5th & 6th

**4&5 year old division is a co-ed, undrafted division.

Shirt Size (Expect to shrink) Youth [XS S M L] Adult [S M L XL]

Grade _____ School _____

Home Address _____ City _____ Zip _____

MOTHER'S NAME _____ DOB _____

Home Address _____ Home Phone (____) _____

Place of Employment _____

Cell Phone (____) _____ Work Phone (____) _____

FATHER'S NAME _____ DOB _____

Home Address _____ Home Phone (____) _____

Place of Employment _____

Cell Phone (____) _____ Work Phone (____) _____

BEST FAMILY CONTACT PHONE # (____) _____ - _____ FAMILY CONTACT E-MAIL _____

HELPFUL INFORMATION (Ex: cannot practice on Mondays, health issues, etc) _____

CONSENT FOR MEDICAL TREATMENT (MINOR), PUBLICITY, REFUND REQUESTS

Initial and sign to acknowledge that:

- _____ I will be responsible for my child's medical costs due to accident or illness.
- _____ I will hold the Kerr County YMCA and its directors, officers, employees, volunteers and agents harmless for incidents which may arise from participation in the Kerr County YMCA programs and activities, realizing that there are risks in these activities.
- _____ I give permission for photographs of my child(ren) to be used solely for publicity and training purposes by the Kerr County YMCA.
- _____ I understand all refund/credit requests must be done in writing and there will be no refund/credit after the first game.
- _____ I will encourage good sportsmanship by my actions towards coaches, referees and YMCA Sports staff. Failure to do so may result in the loss of participation privileges.

Parent/Guardian Signature _____

Date _____

COACHING & VOLUNTEERS OPPORTUNITIES

_____ YES!! I would like to participate as a volunteer: (circle one) OFFICIAL COACH ASST. COACH TEAM PARENT

_____ YES!! I would like to be a Y-PARTNER and help sponsor another child: (circle one) \$10 \$25 \$50 \$100 OTHER _____

_____ YES!! I would like to be a Y-PARTNER and sponsor my child's team for \$200. SPONSOR NAME: _____

ALL INFORMATION COLLECTED IS STRICTLY CONFIDENTIAL.

All information gathered is NOT related to any fees you may be charged by the YMCA. Our funding streams require the YMCA to report this information on ALL the people we serve regardless of income level or other qualifications for assistance. Please answer each of the following questions as accurately as possible and thank you for your time.

What ethnicity is your child? (Check only one)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Native American | <input type="checkbox"/> Unspecified |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Spanish | <input type="checkbox"/> Other | <input type="checkbox"/> Caucasian/White |

Please check the category that best represents your total gross income during the past 12 months.

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> \$0 - \$13,999 | <input type="checkbox"/> \$14,999 - \$24,999 | <input type="checkbox"/> \$25,999 - \$39,999 | <input type="checkbox"/> \$40,000 - \$54,999 | <input type="checkbox"/> \$55,000 - \$74,999 |
| <input type="checkbox"/> \$75,000 and over | | | | |

Describe the household:

- | | | | | |
|---------------------------------|----------------------------------|-----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | <input type="checkbox"/> Unspecified |
|---------------------------------|----------------------------------|-----------------------------------|----------------------------------|--------------------------------------|