



# Adamstown YMCA Youth Basketball 4 yrs of age – 6<sup>th</sup> Grade Boys & Girls

**Dates:** 1<sup>st</sup>– 6<sup>th</sup> grade: December 10<sup>th</sup>, 2018–February 9<sup>th</sup>, 2019  
4 yrs of age –Kindergarten: January 5<sup>th</sup>, 2018–Febrary 9<sup>th</sup>, 2019  
February 16<sup>th</sup> will be held for make-up games due to weather

4-K will only play Saturday mornings starting January 5<sup>th</sup>. An end-of-the-year party will be included and take place after the last practice  
  
1<sup>st</sup>–6<sup>th</sup> will practice one weekday night starting December 10<sup>th</sup>.

**Deadlines/Fee:** Early Bird Special Deadline: Monday, October 29<sup>th</sup>, 2018  
Early Bird Fee: YMCA Member \$55.00 Non-Member \$80.00

**Regular Deadline:** Monday, November 12<sup>th</sup>, 2018  
**Regular:** YMCA Member \$65 Non-Member \$90

**Information:** Parent packets will be **EMAILED** by the end of the day **Friday, November 30<sup>th</sup>**. Packets include game/practice schedules, coach information, and team roster. Please make sure your email address is clearly printed below.

**Payments:** Payments can be mailed to PO Box 472, Adamstown, PA 19450 or returned to our Welcome Center.

**Questions:** Justin Baas (717)484-4996, jbaas@ymca-berkscounty.org

Choose Division:  4 years – K  1<sup>st</sup>–2<sup>nd</sup> grade boys  1<sup>st</sup>–2<sup>nd</sup> grade girls  3<sup>rd</sup> + grade boys  3<sup>rd</sup> + grade girls

Name of Player: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Height: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

(C) \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

(C) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Shirt Size (circle):** Youth- S M L Adult- S M L

**PLEASE NOTE:** 1<sup>st</sup>–6<sup>th</sup> grade practice ONE night a week, Monday-Thursday. If you have a night that you know will prevent you from attending a practice, it should be specified on your registration form. Only one night will be honored as a hardship night. Please mark the day that will **NOT** work for you (only 1 day please). The night will not be determined until teams are formed.

Monday Tuesday Wednesday Thursday

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all the risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Reading & Berks County YMCA to obtain medical treatment for my child in the event that a parent and the emergency contact cannot be reached. I give my permission and consent to use any photographs or other media record of my participation at the Reading & Berks County YMCA to promote YMCA programs without compensation to me or on my behalf. If I choose not to be photographed or in other recorded media, I understand it is my responsibility to inform the photographer and /or remove myself from the picture.

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

I, \_\_\_\_\_ will volunteer in one of the following areas:

Coach Assistant coach Official Coach shirt size (circle): M L XL XXL