



# SCOTTSBLUFF FAMILY YMCA

FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## HAVING FUN AS A TEAM

Youth Basketball (1st – 5<sup>th</sup> Grade)

Biddy Basketball (Pre-school & Kindergarten)

6 Week session begins 1/21/23 and will run thru 2/25/23

Biddy games played on Saturday Mornings; Youth games played on Saturday afternoons.

Registration Deadline- 12/29/22

Registration fee- \$45 members/\$50 non-member

**\*\*NEW- Team registration option. Register your own team (including coach)- \$250. Limit of 8 players.**

**\*NO REGISTRATIONS ACCEPTED AFTER DECEMBER 29<sup>th</sup>.**

**\*Teams may be limited according to the number of coaches. Please consider helping your child's team.**

**\*Coaches Packet-Pickup- January 10<sup>th</sup> after 5:00 PM**

Scottsbluff Family YMCA



Participants Name \_\_\_\_\_ Gender: M F

2022-23 School Grade: \_\_\_\_\_

PLEASE SELECT PROGRAM: BIDDY BASKETBALL \_\_\_\_\_ YOUTH BASKETBALL \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending \_\_\_\_\_ Youth Shirt Size: XS S M L XL

Serious Health Problems: No Yes

Explain: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Can you help coach your child's team?: YES \_\_\_\_\_ NO \_\_\_\_\_ Coach's Name / Number \_\_\_\_\_

**\* If you volunteer to coach, you will receive a free youth registration card to use for a future YMCA youth program.**

I understand and am aware that my child will/may be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCA's program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Scottsbluff Family YMCA and its staff conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program. I also understand that the Scottsbluff Family YMCA may use, for publicity and /or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial assistance available