



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Youth Basketball and Cheerleading

**Ages**  
5-14

**Registration**  
November 2 – November 30     **Late Registration:** December 1-30

**Where**

**Practices:** The head coach will contact the parents about practice times and locations shortly after the coaches meeting. All practices are held at local schools. Specific days, times, and locations are not guaranteed and refunds will not be granted if the child is unable to attend practices and/or games.

**Games:** All games will be held on Saturdays at a local middle school.

**Contact**

Terrance White, Sports Director – [twhite@capitalregionymca.org](mailto:twhite@capitalregionymca.org)  
Follow us on Facebook and Twitter for updates, rain delays and make up information.



<b>Member</b>	<b>Non-Member</b>	<b>Late Registration Member</b>	<b>Late Registration Non-Member</b>
\$40	\$75	\$50	\$85

The fee includes 7 games, weekly practices, team shirt and awards at the end of the season.

**Additional Info:**

**Financial Assistance:** Financial assistance is granted on the basis of financial need. The application deadline for financial assistance is November 30.

**Teams:** Teams will be formed based on age, coach request, and teammate request. Participants are placed on teams on a first come, first serve basis. If the requested sites or teams are full or not available then the child will be placed on any team with available space.

## VOLUNTEER HEAD COACH:

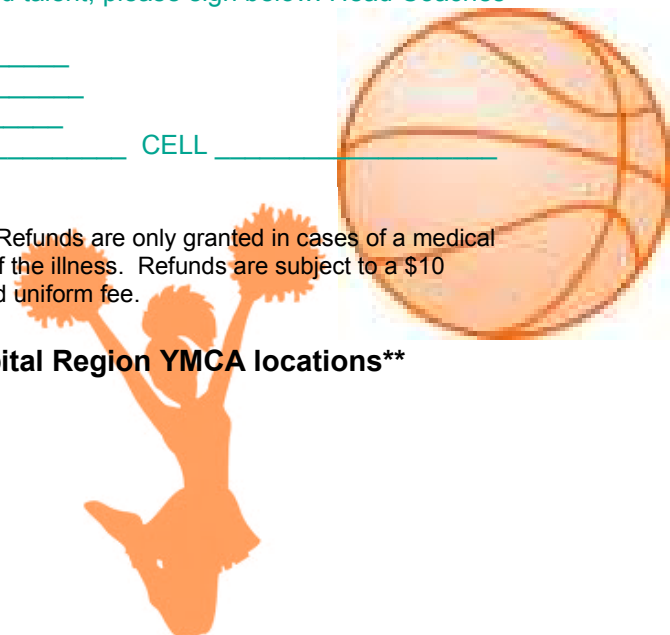
Volunteer coaches are needed. If you wish to donate your time and talent, please sign below. Head Coaches receive 50% of the registration fee per one child participant.

Head Coach: \_\_\_\_\_  
Assistant Coach: \_\_\_\_\_  
Requested Team Name: \_\_\_\_\_  
HM Phone: \_\_\_\_\_ WK \_\_\_\_\_ CELL \_\_\_\_\_  
Shirt Size: \_\_\_\_\_ (adult sizes)

**Refund Policy:** Refunds are not granted after the registration deadline. Refunds are only granted in cases of a medical emergency with a doctor's note submitted to the YMCA within 48 hours of the illness. Refunds are subject to a \$10 administrative processing fee and are prorated based on participation and uniform fee.

**\*\*Please return registration form to any of the three Capital Region YMCA locations\*\***

**CAPITAL REGION YMCA**  
2001 Apalachee Parkway, Tallahassee FL 32301  
P 850 877 6151 F 850 942 2001 [www.capitalregionymca.org](http://www.capitalregionymca.org)



Circle one: Basketball or Cheerleading

Check Age Range:  5-6  7-8  9-11  12-14 Date of Birth: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_



T-shirt:  Youth Small (4-6)  Youth Med (7-8)  Youth Large (9-10)  
 Adult Small  Adult Med  Adult Large  Adult XL

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Child's

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

Address: \_\_\_\_\_ Apt/Suite \_\_\_\_\_

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

**EMAIL ADDRESS:**

**Required for all contact.**

Mother's Name

Mother's Phone Numbers: HM \_\_\_\_\_ CELL \_\_\_\_\_

Father's Name

Father's Phone Numbers: HM \_\_\_\_\_ CELL \_\_\_\_\_

Players School

Requested Practice Area (NOT GUARANTEED):

1. \_\_\_\_\_
2. \_\_\_\_\_

Teammate Request:

<u>Northwest</u>	<u>Central/SW</u>	<u>Northeast</u>	<u>Southeast</u>
Astoria Park	Hartsfield	Deerlake	Swift Creek
Sealey	Apalachee	Hawksrise	Conley
	Cobb		

Notice: All requested schools may not be available due to school programming in this case your child will practice at the nearest school location.

## SPONSORSHIP: HELP US MAKE A DIFFERENCE

Participant Sponsor: \$5-75 (sponsorship of a child who can't afford to participate)  
 Team Sponsor: \$250 (company name on jerseys)  
 League Sponsor: \$2500 (company name on all league jerseys)

1. I hereby certify that the above listed participant is in normal health and capable of safe participation in this sports program. I assume all risk (s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant listed above in the event that a parent and the emergency contact cannot be reached.
2. I support the YMCA philosophy, which is based on participation, having fun, physical fitness and health, skill development, teamwork, fair play, family involvement, volunteer leadership and character development, which are Caring, Honesty, Respect and Responsibility.
3. I understand that the program fee must be paid with the registration form and is non-refundable if the participant listed above is unable to attend. I am also aware of the refund policy stated forth by the YMCA.
4. I give my consent for full participation in the sport program for which the participant above is registered. I accept the risk incidental to this activity and do hereby release the Tallahassee YMCA, its employees, volunteers, directors, members, and guest of any liability or negligence resulting from an accident or injury incurred while participating in this activity.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date