



CHAMPION BASKETBALL LEAGUE

May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127 | Phil Cline Family YMCA • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25703 • (304) 522-0616

A FUN LEAGUE for less competitive boys and girls.

REGISTRATION September 6 – November 9, 2016
Practice begins November 12 | Games begin November 24

COST Y Member \$50 | Non-Y Member \$65 (each child)

Everyone plays two complete quarters of every game. Fundamentals stressed.
Games will be played some weekday evenings and Saturday afternoon.
Parent volunteers needed to help coach and organize.

To register, or for more information, contact:
DuRon Jackson 304.697.7113 | youthsports@huntingtonymca.org

VOLUNTEER/COACH _____



Ages 7-12

Please complete all information. Incomplete forms will not be processed.

PLAYER INFORMATION	PLEASE PRINT CLEARLY
MEMBER NO. _____	DATE OF BIRTH _____ GRADE _____ SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LAST NAME _____	FIRST NAME _____ M.I. _____
PARENT / GUARDIAN NAME(S) _____	
STREET ADDRESS _____ APT. NO. _____	
CITY _____ STATE _____ ZIP _____	
HOME PHONE: (____) _____ CELL: (____) _____ EMAIL: _____	
MEDICAL / EMERGENCY INFORMATION	
IMPORTANT LIST ANY MEDICAL PROBLEMS OR LIMITATIONS _____	
PERSON TO NOTIFY IN CASE OF AN EMERGENCY	
NAME _____	RELATIONSHIP TO CHILD _____ PHONE: (____) _____
NAME _____	RELATIONSHIP TO CHILD _____ PHONE: (____) _____

DATE ____/____/____
LAST NAME _____

FIRST _____

I do hereby waive, release, and forever discharge the Huntington YMCA, its employees, independent contractors, or anyone acting on its behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the YMCA, including those injuries or damages that may be incurred by the use of equipment furnished by the YMCA. By signing below, I acknowledge there may be health risks associated with my child's participation in the YMCA's program(s), which may include, but not be limited to, transient lightheadedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise related ailments that I willfully assume those risks. I understand that I may request that my child stop or delay his or her participation in any activity and that my child may be requested to stop and rest by any YMCA representative who observes any symptoms of distress or abnormal response to activity. I declare that I have read, understood, and agree to the contents of this concerned agreement in its entirety.

_____/_____/_____
Parent / Guardian Signature Date Parent / Guardian Signature Date

DROP OFF at any Y location or **MAIL APPLICATION TO:** YMCA | 917 9th Street | Huntington, WV 25701