



ITTY BITTY & INSTRUCTIONAL BASKETBALL

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

FIRST SEASON REGISTRATION September 1 – October 6

Practice begins October 16, 2017

First season play begins October 28

(Parent volunteers needed)

SECOND SEASON REGISTRATION November 13 – December 15

Second Season play begins January 6, 2018

COST Y Member \$40 | Non-Y Member \$55 (each child)

Two divisions: Itty Bitty, ages 3-4 & Instructional, ages 5-6.
Everyone plays at least 2 complete quarters of every game. This is a "FUN" learning league.
Practice once a week. Games played on Saturdays.

To register, or for more information, contact:

DuRon Jackson 304.697.7113 | youthsports@huntingtonymca.org



Boys & Girls | Ages 3-6

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: (____) _____ | |
| AGE GROUP CATEGORY | | | |
| PLEASE CHECK YOUR CHILD'S AGE GROUP: <input type="checkbox"/> Age 3 or 4 <input type="checkbox"/> Age 5 or 6 | | | |

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