FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING CONFIDENCE
Winter Basketball
ALEX W. SPEARS III FAMILY YMCA

Ages Groups:
Co-Ed: 3-4, 5-6, 7-8. 9-10, 11-13, and 14-17

YMCA Sports Philosophy: Participants have FUN in a safe learning environment. The YMCA believes in the God-given potential of every child; encourages teamwork and a sense of belonging.

Registration for Age Groups: 3-4, 5-6, 7-8, 9-10
Early Bird Registration (From September 2nd thru October 11th)
$60.00 YMCA Members or $90.00 Potential Members
Standard Registration (From October 12th thru October 25th)
$80.00 YMCA Members or $110.00 Potential Members
All registrations received after October 25th will have a $5.00 late fee.

Deadlines:
Financial Assistance Deadline – October 4, 2019
Early Bird Registration Deadline – October 11, 2019
Final Deadline for Registration –October 25, 2019

Important Dates:
Practices Start – Week of November 4, 2019
Games Start – Saturday November 16, 2019

Contact Antoine Hawkins, Sports Director at 336.387.9625 or Antoine.Hawkins@ymcagreensboro.org for more information.

Registration for Age Groups: 11-13 & 14-17
Early Bird Registration (From September 2nd thru November 8th)
$60.00 YMCA Members or $80.00 Potential Members
Standard Registration (November 9th thru November 15th)
$90.00 YMCA Members or $110.00 Potential Members
All registrations received after November 15th will have a $5.00 late fee.

Deadlines:
Financial Assistance Deadline-November 1, 2019
Early Bird Registration Deadline-November 8, 2019
Final Deadline for Registration-November 15, 2019

Important Dates:
Practices Start-Week of December 2, 2019
Games Start- Saturday January 4, 2020

Contact Channah Valkos, Sports Director at 336.387.9626 or Channah.Valkos@ymcagreensboro.org for more information.

Register Online at spearsymca.org

Contact Antoine Hawkins, Sports Director at 336.387.9625 or Antoine.Hawkins@ymcagreensboro.org for more information.

Spears YMCA Basketball Registration Form

First Name: _____ Last Name: _____

Date of Birth: ___/___/_____ Age: ____ Age Group: ____ Gender: _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

T-Shirt Size YS YM YL AS AM AL AXL Number of Seasons Play in this Sport: _____

Guardian #1 (person who will be contacted in case of practice/game changes or cancelations)

Name: _____ Relationship_____ (C) _____

Phone Carrier: _____

Email:

Guardian #2 Name _____Relationship _____ (C) _____

Phone Carrier: _____

Email:

Coach (Shirt Size: _____) Asst. Coach Team Parent Sponsor a Team ($150 one team; $200 two teams)

Coach Request: _____ Night You CANNOT Practice: M T W Th F

Sibling/Friend Request (one choice only): _____ **1st Priority:** Coach Sibling Night

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) GENERAL RELEASE: I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, not with standing, continue in full force and effect.

2) ASSUMPTION OF RISK: I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physic ian before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) MEDICAL RELEASE: I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA.A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4)INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5)PHOTOGRAPHIC RELEASE: I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

(6)Parents Code of Ethics: I agree to act in an appropriate manner and be supportive of all playerS/coaches/officials.

HAVING READ, UNDERSTOOD, AND AGREE WITH THESE TERMS, I HAVE EXECUTED THIS REALEASE, TO BE EFFECTIVE IMMEDIATELY.

Parent/Guardian Signature: _____Date_____**(NOV19 05SPWB)**

Email contact: You will receive emails from our player management system PlayerSpace. Please be sure to check your spam folder for potential emails as we reach the start of the season. Emails will come from this address: noreply@playerspace.com