



Basketball Registration Form

Richard G. Snyder YMCA Campus
(Ages: 3yrs – 10yrs)

Child's Name: _____ Age: _____ Date of Birth: ____/____/____

Parent/Guardian name(s): _____/_____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Secondary Phone: _____

Coach uses phone for communication

E-mail: _____ Experience in Soccer: _____

YMCA uses email for communication

Medical Conditions or Allergies: _____

Soccer Information:

Season: November 9 to December 14
3-5 year olds - only practice once during the week
6-7/8-10 year olds – one practice during the week
and play games on Saturdays.

Fees: Household/Single Parent Household: No Cost
Youth member: \$25
Non-member: \$60

Requirements: Jerseys are \$20 when registering (you can use one you have from previous years)

Volunteers Section:

Please remember, we need volunteers to make these sports leagues happen

Interested in coaching: Yes No

If Yes: Name: _____

Phone number: _____

Email address: _____

Preferred night/time to coach: _____

****Volunteers must have their criminal background and child abuse clearances, email me if you don't have them and need the links****

****Please make sure BOTH email and phone number are correct, both are used to communicate****

Waiver: In acceptance of this registration form, I hereby release the Richard G. Snyder YMCA Campus and any of its representatives involved in this league from any and all contentions or claims of damages or injuries suffered by me or my child as a result of my child's participation in this league. Also, I give permission for photographs of the persons listed above to be published on behalf of the Richard G. Snyder YMCA for educational purposes. Such pictures may be used in flyers, brochures, presentations, the YMCA website, social media, newspaper articles, and television programs.

Signature of Parent/Guardian: _____



For questions, contact:
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