



INDEPENDENT TEAM REGISTRATION SHEET FOR YMCA YOUTH BASKETBALL LEAGUE 2023 SEASON

COACH: _____

ADDRESS: _____

PHONE #'S: Home _____

Work _____

TEAM SPONSOR: _____

TEAM NAME: _____

GRADE DIVISION: 1st & 2nd 3rd & 4th 5th & 6th

LEAGUE: BOYS GIRLS

Team Fee is \$500

Please print the information below and return it to the YMCA by November 17.

	Player's Name	Grade	School	Birthdate	Address	Phone #	Shirt Size
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
12							
14							

Mail to: Bob Freesen YMCA, 1000 Sherwood Lane, Jacksonville, IL 62650 Questions? Call (217) 245-2141.

There is a minimum of 8 players per team. Max of 14 players per team.
Less may be allowed if the coach or the YMCA is unable to find more players for the team.

OFFICE USE ONLY:	Date Rec'd _____
Staff Initials _____	Team Fee _____



TO BE READ AND SIGNED BY EACH CHILD'S PARENT/GUARDIAN ON THE TEAM

In consideration for my child's acceptance as a participant in the athletic program of the Bob Freesen YMCA, I, for myself, my child, my heirs, executors, administrators, and assigns, do hereby release and discharge the Bob Freesen YMCA, its agents, representatives, officers, directors or employees of and from all claims or demands for damages, loses, or injuries incurred by my child during the course of participation in programs at the Bob Freesen YMCA. I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast: video film or footage of my child, sound track recordings of my child, photo reproductions of my child, and any narrative account of my child's experience, My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever. I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Please print the information below and return it to the YMCA by November 17

	Player's Name	Parent / Guardian Name (Please Print)	Parent / Guardian Signature	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
12				
14				

Players must have completed registration and have their parent/guardian sign this form in order to participate in league play .