

WHAT YOU NEED TO KNOW:

Divisions:

Grades Location

1st - 2nd Y Activity Center
 3rd - 4th Rec Center
 5th - 6th LJHS

Dates:

Sundays, Jan. 10th - Feb. 14th

Times*:

1st - 2nd Div: 1:00 - 3:00PM
 3rd - 4th Div: 1:00 - 3:00PM
 5th - 6th Div: 1:00 - 3:00PM

*Times & Locations subject to change due to enrollment, etc.

Descriptions:

1st - 2nd Div. will hold a skills clinic from 1:00 - 2:00PM the first 2 weeks to determine teams. Practices and abbreviated games are conducted each week thereafter on Sundays.

3rd - 4th & 5th - 6th Divs. will hold practices once a week at the YMCA Activity Center on Wyatt Ave with full games on Sunday afternoons at respective locations.

Fees:

Early Registration: Nov. 15 - Dec. 23, 2009

\$40*

\$37* for those returning from 2009!

Late Registration: Dec. 24 - 30, 2009

\$50*

\$47* for those returning from 2009!

REGISTRATION CUTOFF: Dec. 30th @ 5PM

* Must be a 2010 YMCA member.
 \$35 for the entire year per family.

Financial assistance available to those that meet qualifying income and complete a financial assistance application.



Girls Basketball '10

SPONSORED BY:
GRAVE INC. & LOGAN COUNTY BANK

Visit our website for complete details;
www.lincolnymca.org

Participant Name _____ Grade _____ Age _____ DOB _____

Parent/Guardian Name _____

Address _____

City _____ State _____ zip _____

() () () _____ Alternate Phone # _____

E-mail (For important program information) _____

Emergency Contact

Name (other than parent) _____ Relationship _____

() () () _____ Alternate Phone # _____

Authorization for Pictures

The Lincoln Area YMCA has my permission to use pictures of me and/or my child in advertising and information packages. **Failure to circle either choice automatically provides authorization.**

YES

NO

Release of Liability

I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that my child or myself may sustain during any of the Lincoln Area YMCA programs and/or activities.

Parent/Guardian Signature _____ Date _____

Allergies/Medications/Limitations _____

Preferred Physician/Phone _____

Insurance Company/Group Number/Expiration Date _____

Authorization for Medical Treatment for Minors

If my child should become ill or injured at any Lincoln Area YMCA programs and/or activities, I understand that the staff/volunteers will (1) try to contact me immediately. (2) If I cannot be reached, contact the emergency person listed on the registration form. Should neither the emergency contact or myself be unavailable, the Lincoln Area YMCA staff/volunteers are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

Parent/Guardian Signature _____ Date _____

How did you hear about this program?

Office _____ Program Catalog _____ Website _____ Email _____
 Friend _____ Other _____

WOULD YOU LIKE TO COACH: Yes No

NOTES; ex. days can't practice, requests, etc.

This is not a guarantee, but every effort will be made _____

Shirt Size: YS, YM, YL, S, M, L _____

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Total

(\$35 for 2010 YMCA Membership)
 See reverse for details

Cash Receipt # _____ **FOR OFFICE USE:**

Current Member _____
 Scholarship Application _____
 Yes No

Check # or MO # _____

Charge Card # _____

Fee in NON-REFUNDABLE and NON-TRANSFERABLE

RETURN ADDRESS: 604 Broadway St., Suite #1
 Lincoln, IL 62656