



# YMCA **IMPACT** BASKETBALL & CHEERLEADING

Mission: to develop the best in every child, while sharing Christ's love with them.

**Games played Saturdays**  
**JANUARY 11th - February 29th**  
**OPEN TO ALL GIRLS AND BOYS**  
**5 yrs old-6th grade**

**Please register by November 4th**  
**\$60 per participant**

**Register by October 8th to**  
**receive a \$5 discount!**



YMCA of DeKalb County, Inc  
533 North Street  
Auburn, IN. 46706  
260-925-9622

Sponsored by:  
**PARKVIEW**  
PHYSICIANS GROUP



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# YMCA IMPACT BASKETBALL AND CHEERLEADING

**Early Registration through October 8th \$55 per participant.  
Registration through November 4th \$60 per participant.  
Late Registrations to be taken through evaluations nights.  
After November 4th a \$20 late fee will be added. \$80 per participant.**

**Open to all Boys and Girls  
5 yrs old-6th grade**

**Evaluations and uniform fittings for Basketball and Cheerleading:**

**November 11th 5:30pm - 2nd grade**

**November 11th 6:15pm - 3rd grade**

**November 12th 5:30pm - 4th, 5th, 6th grade**

**November 13th 5:30pm - 5yrs-Kindergarten - No Eval, just fitting**

**November 13th 6:00pm - 1st grade - No Eval, just fitting**

**November 18th 5:30pm - Make up for all ages**

**Parents will be informed about coaches and practices in December**

**Games: Saturdays Jan 11, 18, 25, Feb 1, 8, 15, 22, and Feb 29**

**Practices will start the week of December 16th. One practice per week.**

**Evaluations and Games will be held at the YMCA of DeKalb County**

**Are signing up for? Basketball \_\_\_\_\_ or Cheerleading \_\_\_\_\_**

Child, Parent, and Emergency Contact info

Player's Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact:

(Name) \_\_\_\_\_

(Phone and/or cell #) \_\_\_\_\_

(Relationship to child) \_\_\_\_\_

Any health conditions or allergies that instructors should be aware of:

\_\_\_\_\_

Skill level

Please indicate skill level:

Beginner

Moderate

Experienced

Can you help?

Coach

Assistant Coach

\_\_\_\_ Shirt size of Coach/Assistant

Name of Coach \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, will abide by the rules of the YMCA DeKalb County, Inc. Recognizing the possibilities of physical injury associated with sports, I hereby release, discharge and otherwise indemnify the YMCA of DeKalb County, Inc, affiliated organizations and sponsors, their employees, and associated personnel, including owners of fields and facilities utilized for the programs, referees and coaches, against any claim by or on behalf of the registrant and/or parent/guardian as a result of the registrant participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also state that I am the legal parent/guardian and that there is no one else whose signature is required by law for this release to effect for the registrant's parents/guardians, or anyone associated with the minor or the YMCA DeKalb County or its affiliates.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_