



# Santa Maria Valley YMCA



# Rookie Sports



## BASKETBALL

This is a educational sports program for children ages 3-4 and 5-6. Practice/games are modified to be developmentally appropriate for this age group where they will learn at their own pace and focus on the following: tactics and skills, rules and traditions of the sport, fitness, character development, and FUN!

Registration: July 16th - September 4th

*Space is limited! First come, first served!*

### Practice/Games:

Ages 3-4
Tuesdays 4:30pm... September 11th-25th

Ages 5-6
Tuesdays 5:30pm.... September 11th-25th

**A Parent or Guardian must be present at each Practice/Game and may be asked to participate if needed**

**Cost:** YMCA Members.....\$48.00

Participants.....\$63.00

*Price includes 1 team picture per child, uniform, and snacks*

**Where:** Santa Maria Valley YMCA Basketball Court

### Santa Maria Valley YMCA Rookie Basketball Registration Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  M  F

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

Home Phone \_\_\_\_\_ Parent Name \_\_\_\_\_ Parent Phone \_\_\_\_\_

T-Shirt Size:  Youth X-Small  Youth Medium  Youth X-Large  
 Youth Small  Youth Large

**Cost:**  YMCA Member \$48.00  Participant \$63.00

**Session:**  3-4 Years Tuesday  5-6 Years Tuesday

**For Office Use Only:** Cost \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_

#### Santa Maria Valley YMCA Release/ Waiver

I, the undersigned parent/person having legal custody of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities for this program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the program. I will not hold the YMCA liable for any injuries incurred during the program whether caused by equipment or the acts or omissions of others including YMCA personnel. I further agree and specifically intend to waive as to the YMCA and staff, officers and directors thereof any claim known or unknown to me. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to the minor to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by any physician and/or surgeon whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs for medical care. If I participate in the program, whether as a coach, instructor, aide, spectator, or participant, I presently waive as to the YMCA and staff, officers, and directors thereof, any claim presently known or unknown damage to property or personal injury whether caused by equipment or the acts or omissions of others including YMCA personnel. I understand that a parent or guardian must be present at every practice/game for this program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions? Call Santa Maria Valley YMCA 937-8521



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