



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUTH BASKETBALL LEAGUE

YMCA of Selma–Dallas County Youth Basketball League

The YMCA of Selma–Dallas County Youth Basketball League teaches children grades K–6th the fundamentals and basics of basketball while also exposing kids to team-building and mentorship. We are committed to teaching the fundamentals of basketball, while reinforcing the importance of exercise and team bonding.

For more information about our YBL Program, visit us online at
www.ymcaofselma.org/youth-basketball

Registration Begins: Wednesday, October 1st

Important Dates:

- **Registration: October 1st – October 31st**
- **Parent Meeting: November 3rd | 5:30pm**
- **Coaches Meeting: November 4th | 5:30 pm**
- **Games Begin: Saturday, January 10th**

Costs:

- **\$65.00 for Members**
- **\$75.00 for Non-Members**

For more information contact Member Services at 334-874-9622



YMCA of Selma-Dallas County Youth Basketball Registration Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Player's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____

Gender: _____ Age: _____ Birthdate: ____/____/____

Email: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Grade Level:

Please indicate the grade your child is currently in.

_____ K-2nd Grade _____ 3rd - 4th Grade _____ 5th-6th Grade

Jersey Size:

Please indicate the size needed: **If in doubt, please order the larger size!**

_____ Youth Small _____ Youth Medium _____ Youth Large
_____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL

Volunteers:

As a parent, would you like to participate in the program as a volunteer?

*MANDATORY COACHES MEETING - **Tuesday, Nov. 4th @ 5:30pm**

_____ Coach _____ Asst. Coach _____ Other: _____ (Score keeping, Refereeing, Drills Coach, etc.)

Volunteer's Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Sponsorship:

My business is interested in sponsoring a team: **Business Name:** _____

Registration Fees: _____ **YMCA Members: [\$65.00]** _____ **Non-Members: [\$75.00]**

Program Waiver :

Participant or guardian assumes all risks of injury arising out of his or her presence on or about the YMCA premises, use or intended use of equipment and facilities, or his or her participation in the activities of the Selma-Dallas County YMCA, an Alabama chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damages the Selma-Dallas County YMCA and its respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I have answered all above questions accurately, and declare myself/family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Selma-Dallas County YMCA.

Parent/Guardian

Date

YMCA Staff Member

Date Received: _____ Amount: _____ Information Sheet: _____ Staff Initial _____

Registration Deadline: Tuesday October 31st