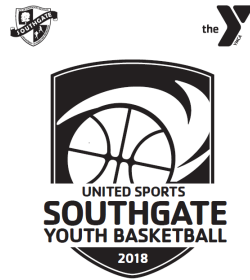


UNITED SPORTS Basketball League



Participants will compete in a league that emphasizes player development, game time and strong character. Games will be at both the Downriver Family YMCA (6-7 boys and 6-9 girls will only play at the Y) and Gerisch Middle School in Southgate. Practices will take place at the Y and at Southgate elementary schools. All teams will play at least 7 games. **REGISTRATION DEADLINE: DECEMBER 20th!**

Practices begin the week of **January 7th, 2019**
Practice Day, Time, Location TBD by Coach

EVALUATIONS AND PRICES:

Evaluations will be at the YMCA Gymnasium

WEDNESDAY, DECEMBER 19TH:

6-9 years **Girls** 5:00 - 6:00 PM

6-7 years **Boys**: 6:15 - 7:15 PM

8-9 years **Boys**: 7:30 - 8:30 PM

\$50 - Y Member/Southgate Residents

\$70 - Community Participant/Non-resident

THURSDAY, DECEMBER 20TH:

10-14 years **Girls**: 5:00 - 6:00 PM

10-11 years **Boys**: 6:15 - 7:15 PM

12-14 years **Boys**: 7:30 - 8:30 PM

\$60 - Y Member/Southgate Residents

\$80 - Community Participant/Non-Residents

First Game: Saturday, January 19th, 2019

Last Game: Saturday, March 2nd, 2019*

*Finalist teams will play Saturday March 9th

Little Dunkers:

Session: January 15th - February 19th—Tuesday evenings @ YMCA Gymnasium

Ages: 3-4 year olds: 5:00 - 5:45 PM / 5 year olds: 6:00 - 6:45 PM

Registration Deadline: January 15th

Registration Cost: \$70; or \$50 for YMCA Member or City of Southgate Residents

*Advanced 5 year olds may choose to play up to the 6/7 age division and are welcome to attend the 6/7 evaluations





2019 Winter Basketball League

United Sports "Combining forces creating a united community"



Age Group: 3/4 5 6/7 8/9 10/11 12/14 YMCA Membership: Member Non-Member

Child's Name: _____ School: _____ Grade: _____ Height: _____

Age as of **January 8th 2019**: _____ Birth Date: _____ Gender: _____ Seasons Played: _____ Experience Level: Low Medium High

T-shirt size (Little Dunkers): Youth S M L Adult S M L XL (circle one) **Jersey size** (6-14 age groups): Youth S M L Adult S M L XL (circle one)
**Please be cautious as sizes cannot be exchanged*

Street: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____

Special Request (practice day and/or teammate): _____

*Requests are not guaranteed, requests must be mutual when requesting a teammate. **No requests** for 10/11 and 12/14 divisions.

I am interested in volunteering as a Coach, Assistant, or Parent Helper YES NO (please circle one) _____

***Participants will receive \$25 off registration if they can bring in a NEW team sponsor. Sponsorship forms are available at the Downriver Family YMCA or the City of Southgate—Parks and Recreation Department.**

Medical Release Consent Form

As a parent and/or guardian, I do here with authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent's Signature: _____ (Father/Mother/Legal Guardian) Date: _____

Other contact in case of emergency: Name: _____ Relationship: _____

Primary Phone Number(s): _____

I hereby release the Downriver Family YMCA , the City of Southgate Parks and Recreation Department and any associated persons or employees from any claims for any injuries, personal losses, or damage done to personal property while on the premises of either the Downriver Family YMCA, the City of Southgate Parks and Recreation and properties associated with specific programs of these organizations. I further agree to indemnify and save harmless the Downriver Family YMCA, and the City of Southgate from any claims or demands arising out of any such injuries or losses. By signing below, I also authorize the publication of any photography taken for or during this sports program for the use of promoting or advertising further programs, unless I notify the Downriver Family YMCA or the City of Southgate Parks and Recreation Department of my desire to not permit any published photos at the time of registration.

Parent's Signature: _____ Date: _____

FINANCIAL ASSISTANCE

No one is denied participation in United Sports due solely to the inability to pay.

Financial Assistance is available for those who qualify. For information, call 734-282-9622