



# Kindergarten & Junior Basketball Leagues

**Member - \$70 | Community - \$105**

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**Who: Kindergarten League — Ages 5-6  
Junior League — Ages 7-9**

**When: Saturdays, Oct 29 - Dec 17  
Games times will vary each week  
with the first game starting at 8:30 a.m.**

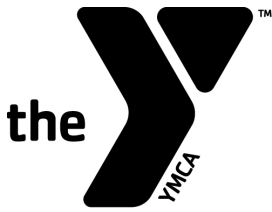
**Where: Lynch/van Otterloo YMCA**



**Mail this completed registration form to:**

Lynch/van Otterloo YMCA  
ATTN: Emily Hudak  
40 Leggs Hill Road  
Marblehead, MA 01945

**For questions, please contact:  
Emily Hudak at 781-990-7044 or [hudake@northshoreymca.org](mailto:hudake@northshoreymca.org)**



# Lynch/van Otterloo YMCA Basketball Leagues, Fall II 2011



Kindergarten (Ages 5-6) \_\_\_\_\_ Junior (Ages 7-9) \_\_\_\_\_  
(Mail completed registration to: 40 Leggs Hill Road, Marblehead, MA 01945)

Fee: Member- \$70 Community- \$105

**League runs Saturday mornings - October 29th to December 17th**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Special health needs/special requests: \_\_\_\_\_

Parent's names: \_\_\_\_\_ Work phone: \_\_\_\_\_

Guardian's names: \_\_\_\_\_ Work phone: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## AGREEMENT

1. I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk's and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent's and the emergency contact cannot be reached.
2. I support the YMCA Youth Sports philosophy, which is based on equal participation, skill development, teamwork, fair play, family involvement, and volunteer leadership.
3. I am willing to participate as a volunteer in support of this program as a:  
 Coach  
 Assistant Coach

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Team assignment: \_\_\_\_\_

**Schedules will be emailed out 1 week prior to start of league.  
Volunteer coaches needed, please check above box if interested.**