



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

**2025 Illinois Valley YMCA Youth Basketball League**

**Registration Form**

**ONLINE REGISTRATION IS AVAILABLE ON OUR WEBSITE, <https://ivymca.org/>**

<b>GRADE DIVISIONS</b>	<b>K - 1st / 2nd - 3rd / 4th - 5th</b>	<b>COST</b>	
<b>EARLY REGISTRATION</b>	Oct. 7 <sup>th</sup> -Oct 20 <sup>th</sup>	<b>Members \$59</b>	<b>Non-Members \$89</b>
<b>OPEN REGISTRATION</b>	Oct 21 <sup>st</sup> - Dec 1 <sup>st</sup>	<b>Members \$65</b>	<b>Non-Members \$95</b>
<b>LATE REGISTRATION</b>	Dec 2 <sup>nd</sup> - Dec 15 <sup>th</sup>	<b>Members \$75</b>	<b>Non-Members \$105</b>

***Financial assistance is available. No one is turned away due to an inability to pay.***

**COACHES' MEETING** Monday, December 16th, 2024, from 6-7:30 p.m. (Conference Room at YMCA)

**PHOTO DAY** Saturday, January 25<sup>th</sup> (2<sup>nd</sup> game day, arrive 30-40 minutes before gametime for pictures, meet in Party Room. Photos will be taken by Jen Heredia Studio and paid to her, not the YMCA.)

**PRACTICE BEGINS** Week of January 6th, 2025 (schedules will be announced within a week of the coaches' meeting players will be contacted starting December 21<sup>st</sup>.)

**GAME SEASON** January 18<sup>th</sup>- March 1<sup>st</sup>, 2025, 1 hour of practice (M-T) and 1 game a week (Saturday)

**\*\*Player Information\*\***

**Player Name** \_\_\_\_\_ **Gender:** Male / Female/

**Member Type:** Member / Non-Member **Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**T-Shirt Size** YS YM YL AS AM AL AXL

**School Attending** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Skill Level (Circle One)** A B C (A = Never played / B = Played in previous league / C = Experienced skills for age/ D= Plays travel ball)

**\*\*Parent(s)/ Emergency Contact Information\*\***

**Parent or Guardian Name 1** \_\_\_\_\_

**Parent 1 Email** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Zip Code** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Parent or Guardian Name 2** \_\_\_\_\_

**Parent 2 Email** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**\*\*Special Player/Coach Request\*\***

**Requests (ONE Player or Coach)**

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*We try to accommodate requests but cannot guarantee. The Illinois Valley YMCA reserves the right to modify rosters.*

**\*\*Volunteer Coaching\*\***

Please check either if interested (**Volunteers help make the program successful!**)

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Gender? M/F

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number *(If different from above)* \_\_\_\_\_

Email Address \_\_\_\_\_

**\*\*Photo Release\*\***

*I hereby acknowledge that the Illinois Valley YMCA may use photos or videos taken of myself or my child for use in publications online, in print, or in other company publications. I release and hold harmless the YMCA from any reasonable expectation of privacy or confidentiality associated with the images specified above. I also acknowledge I will receive no financial compensation for the use of such materials.*

Agree

Disagree

**\*\*Waiver of Liability\*\***

*I hereby, for myself and my child, waive and release all rights and claims that I may have against the Illinois Valley YMCA and its associates and/or volunteers. I understand that my child participates at his/her own risk and that I have insurance that will cover injuries that he/she may incur.*

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

**(FOR OFFICE USE ONLY)**

**Attach Receipt if possible.**

Payment Amount \$ \_\_\_\_\_

Payment Received Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Receipt# \_\_\_\_\_

Staff Initials \_\_\_\_\_