



Champion Sports

YMCA & CFC – Partners with a Purpose

League runs November 7 - December 19



AGE DIVISIONS

3-4 LITTLE SHOOTERS

5-6 YEARS

7-9 YEARS

10-12 YEARS

Registration: September 28th through October 30th

Members: \$35.00

Non-Members: \$50.00

Evaluations: 7-9 Tuesday, November 3rd at the YMCA @ 5:30 PM

10-12 Tuesday, November 3rd at the YMCA @ 6:30 PM

* There will be no evaluations for Little Shooters (3-4 yr olds) or for the 5-6 division.

Games: Games will be played on Saturday mornings, November 7th-December 19th starting at 9:00 a.m. @ the YMCA (5-6 yrs and 7-9 yrs) and at the Centre (10-12 yrs). **Little Shooters** will be held on Tuesday evenings starting November 10– December 15, from 5:30-6:30 p.m. at the YMCA.



YMCA of Lenawee County
638 W. Maumee St
Adrian, MI 49221
(517) 263-2151



The Centre

1800 W US 223 - Adrian, MI 49221
(517) 263-6232

Fall 2009 Basketball Registration Form

Age Group: 3/4 5/6 7/9 10/12 Sex: Female Male Membership: Member Non-Member

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

Age as of November 7, 2009 : _____ Birth Date: _____ Height: _____ Weight: _____ Seasons Played: _____

T-shirt size: Youth S M L Adult S M L XL (circle one) (Please be cautious about ordering your child's t-shirt, as shirts cannot be exchanged.)

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

YES NO (Please Circle One) **I am interested in volunteering as a Coach, Assistant, or Referee.**

Parent's Name: _____ Phone: _____ Cell Phone: _____

Email Address: _____

Special Request: (No coach requests. May request 1 friend only. Friends must request each other to be placed on the same team):

Medical Release Consent Form

As a parent and/or guardian, I do herewith 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: _____

Family Physician: _____ Phone: _____

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

Home phone & cellular: _____

Allergies / Medical concerns: _____

The Champion Sports program has been developed for children and their families. The program emphasizes wholesome competition, mastering of sports skills, development of fitness, socialization and inclusion. Values such as sportsmanship, fair play, and character development will be the major components of each sports programs. The underlying foundation for Champion Sports is "Everyone plays, everyone wins."

I hereby release the YMCA of Lenawee County, the Christian Family Centre and Lenawee Christian Ministries 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 YMCA of Lenawee County, the Christian Family Centre or properties associated with specific programs of these organizations. I further agree to indemnify and save harmless the YMCA of Lenawee County and the Christian Family Centre from any claims or demands arising out of any such injuries or losses.

Parent Signature: _____ Date: _____

FINANCIAL ASSISTANCE

No one is denied participation in Champion Basketball due solely to the inability to pay. Financial Assistance is available for those who qualify. For information, call 263-2151

Date: _____ Receipt #: _____ Staff Init.: _____

Amount Paid: \$ _____ Cash Check Credit Card Voucher

Credit Card #: _____ Exp. Date: _____

