



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# KVYMCA

## Youth Basketball League Registration Form

**Please Circle: COED 3rd & 4th Grade**  
**COED 5th & 6th Grade**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Age (as of 2/9/2019): \_\_\_\_ D.O.B. \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Jersey (Please Circle): Youth Small Youth Med. Youth Large Adult Small Adult Med.  
How long has your child been playing basketball (in years): \_\_\_\_\_

May the Y take photos/videos of your child for marketing purposes? Circle Yes or No  
Special Considerations & Medical Information Y coaches and officials should know:

### Emergency Contact:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE READ and SIGN WAIVER ON REVERSE SIDE**

For more information, please contact Mike Girswold, Youth Program Director at 622-9622, ext. 213 or by email at [mike@kvymca.org](mailto:mike@kvymca.org)

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