



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

GAME ON NO REMOTE NEEDED

Youth Basketball League

Registration: 10/6-11/1
Season: Saturdays 11/14-12/19
Games start at 10 AM by Age Group
Schedule TBA

Virtual parent and coach meeting
will be held via Zoom on
Nov 7 at 10:30 AM

Ages 3-Grade 6
Price includes Team Shirt
Members \$20/Community Members \$36

*Volunteer Coaches Needed
*Spectators limited (1 Parent Per Player)

TUSCARAWAS COUNTY YMCA
600 Monroe Street, Dover
330-364-5511
www.tuscymca.org



Click [here](#) or visit the link below
for online registration

<https://tuscymca.org/online-program-registration>

Visit our sports website for updates and
league information.

<https://www.quickscores.com/tuscymca>

Tuscarawas County YMCA Youth Sports Registration Form

Sport _____ Age ____ Grade ____ Birth Date ___/___/___ Sex M or F

Name of Player : _____
First Name Last Name

Address: _____

City State Zip

Parent/Guardian

Name : _____
First Name Last Name

Parent/Guardian

Name : _____
First Name Last Name

Please provide a primary contact number for league information/updates.

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Text Messages
 Y N

Email Address: _____

Emergency Contact: Name _____ Phone _____ - _____ - _____

Special Health Needs or Concerns _____

Agreement:

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 Tusc. Co. YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.

I support the Tusc. Co. YMCA Youth Sports Philosophy which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

I give permission to the Tuscarawas County YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include an image or voice for purposes of promoting or interpreting YMCA programs. I understand that this program is staffed with volunteers.

Signature of

Parent/guardian: _____ **Date:** _____

Volunteer Coach Information

I am willing to participate as a volunteer in support of this program as a coach or assistant coach.

Name: _____ Phone: _____

Email: _____

Nights not available for practice: _____

Preferred Team Mate (Please list only 1 or 2): _____