



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ADULT BASKETBALL LEAGUE

## FALL SESSION 2019

## ROCKLAND COUNTY YMCA

Check out the very affordable Basketball league at our Y and get in the game! This league will be for adults who are 30 years old and up. Games will be played on Sundays between 12 pm and 3pm. The games are 4 vs. 4 with 6 people max on the roster. Rosters must be submitted by September 23, 2019. All games will be with a referee and scorekeeper. Maximum 6 teams in the league. Regular season goes from October 6 through November 3. Playoffs are November 10, 17, Championship game is December 1. Playoffs are single elimination. Top 2 teams in regular season earn a buy first round of playoffs.

### BASKETBALL

Dates: October 6 - December 1, 2019

Sundays 12pm - 3pm

Ages 30 and up

#### COST:

Individual = \$125

6 person team = \$700

**GET YOUR  
GAME ON!  
ADULT BASKETBALL  
LEAGUE**



# Registration Form 2019

Participant Name \_\_\_\_\_ Age: \_\_\_\_\_  
Gender:  Male  Female  
Birthdate \_\_\_\_\_

Class  Basketball TEAM INDIVIDUAL Session: \_\_\_\_\_

## FAMILY INFORMATION

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_  
\_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

## EMERGENCY INFORMATION / RELEASE OF CHILDREN

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ok to give emergency info

Does participant have allergies? Yes \_\_\_ No \_\_\_ If yes please provide specific information below

## PERMISSIONS

\_\_\_ Yes, in the event I, or my emergency contacts, am not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat the participant. I will be fully responsible for any costs of such treatment, even if not covered by insurance. I understand I must remain in the building / program site while the program is running - YMCA staff are not responsible to supervise kids outside of program hours.

\_\_\_ Yes, The named participant is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.

\_\_\_ Yes, In consideration of the named participant's participation in the activities of the Rockland County YMCA, I hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with the named participant's participation in any of the activities of the YMCA

\_\_\_ Yes, I give permission for the Y to use my photograph for public relations and/or marketing purposes.

\_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Card has been processed at front desk

I have read the entire application and the permissions. My signature acknowledges the permissions and authorizes the Rockland County YMCA to charge the above listed credit card in the amount of \$ \_\_\_\_\_ for payment.

I understand payments are non- refundable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_