

Fall/Winter 2022

Lakota Family YMCA 30+ Basketball Registration

Registration: Begins: October 18th, 2022
Ends: November 11th, 2022

Season Runs: **November 14th – January 23rd**

****NO TEAMS WILL BE ALLOWED TO REGISTER AFTER November 11th, 2022****

Entry Fee: Member Team - \$260 Non-Member Team - \$400

- A team is eligible for member price if half of its roster is current Lakota Family YMCA Members
- Payment must be made in one sum to Lakota YMCA front desk.
- Only players on roster are eligible to play in league games. YMCA staff has the right to check rosters any time.

Team size: A team must have a minimum of 5 players with a max of 7 players. **2 players may be listed as subs.**

All players on roster or sub list must turn 30 within the league run dates.

****Copy of photo ID with birth date will be required for each player to complete registration**.**

Game Play: Games are played 4-on-4 in 25 minute halves with a running clock. Call your own infractions.

Cancellation Policy: Managers must give 24 hours notice BY EMAIL and phone call to League Director.

Game Times: Mondays 6:15 or 7:15 (Subject to change)

THERE WILL BE NO END OF SEASON TOURNAMENT

CONTACT Brandon Fuhr-Storms at 513-779-3917 or Brandon.fuhr-storms@lakotaymca.com with any questions or concerns

Registration Form. Please complete all pages and return to front desk with payment.

Team Name: _____

Manager's Name: _____

1st Contact Number: _____

2nd Contact Number: _____

Address: _____

City: _____ ZIP: _____

Email: _____

Please give the name of a second contact person.

Name: _____

Phone: _____

Email: _____

2nd Contact Number: _____

Special Requests: We understand there will be times that you cannot play. Please list DAYS or Dates you know your team cannot be present. We will do our best to honor these requests. **The more open your schedule, the more games your team will play.** (Max 12 games).

Lakota Family YMCA LIABILITY RELEASE

I hereby assume all risks and release and hold harmless the Lakota Family YMCA and its members, volunteers and employees from any claims which might arise as a result of my presence, participation and membership in the Lakota Family YMCA. I understand in the event of any accident or other emergency, every effort will be made to reach my emergency contact. However, in the event that they cannot be contacted, I hereby give permission to the physician to give proper treatment, to administer injections, and to perform surgery as needed, if necessary. By appearing on this roster you agree to these terms.

ENTIRE ROSTER MUST BE LEGIBLE AND COMPLETE TO REGISTER

Name (as it appears in the YMCA system.)	Phone Number	Photo Copy of ID attached (Check box)	Address Number, Street, Zip	Member or Non-member
1.				
2.				
3.				
4.				
5.				
6.				
7.				

ALTERNATE/SUBS

Name (as it appears in the YMCA system.)	Phone Number	Photo Copy of ID attached (Check box)	Address Number, Street, Zip	Membership not required to substitute
1.				
2.				

*Please attach photo ID copies to back of this page. Thank you and good luck!