

# Decatur County Family YMCA

## Adult Basketball League

**Last Day to Register:** January 14th  
**\$300 per Team (Full amount due up front)**

**GAMES:** Sundays starting January 21st

**Captains' Meeting:** January 18th @ 6:30pm  
**(EACH TEAM MUST HAVE SOMEONE PRESENT)**

**Open Gym:** Wednesdays 7:00-9:00pm  
Free YM / \$3 PM



**REGISTER AT THE YMCA**

Building Hours  
Mon-Fri 6:00am-9:00pm  
Saturday 8:00am-5:00pm  
Sunday 1:00pm-5:00pm

**CONTACT INFORMATION**

**Cameron Baker**  
**Associate Exec. Director**  
**PHONE: (812)663-9622 x18**  
**EMAIL:**  
**cameronb@dcfymca.org**

**Fees:**  
**\*6 Games Guaranteed**  
**\$300 +**  
**\$10 each non-member**

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

YMCA Adult League Registration

Sport—**Adult Basketball 2018-1**

Captain's Name \_\_\_\_\_ Sex: Male Female Birth date \_\_/\_\_/\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_  
Email (required): \_\_\_\_\_

Assistant Captain \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Email : \_\_\_\_\_

**League: (circle one) Upper Lower Either**

**Team Name:** \_\_\_\_\_

Waiver

\*\*YMCA Program Director reserves the right to assign divisions and make any necessary modifications needed without notification. I hereby agree that I am financially responsible for my teams' participation in this YMCA program. I understand that a non-refundable deposit is required.

\_\_\_\_\_  
(Captain's Signature)

\_\_\_\_\_  
(Date)