



DECATUR COUNTY FAMILY YMCA YOUTH BASKETBALL CHEERLEADING REGISTRATION FORM WINTER 2018

Name: _____ Date of Birth: _____ Male Female
Address: _____ Phone: _____
City/State/Zip: _____

T-Shirt Size: YS YM YL AS AM AL AXL

Parent/Guardian Name _____ Birth date ___/___/___ Cell Phone _____
Email: _____

Parent/Guardian Name _____ Birth date ___/___/___ Cell Phone _____
Email: _____

Emergency Contact _____ Relationship _____ Work/Cell Phone _____

Special health needs _____

WOULD YOU LIKE TO BE A VOLUNTEER CHEER COACH? IF YOU HAVE A CHEERLEADING BACKGROUND, THIS PROGRAM WOULD BENEFIT FROM YOUR HELP

Program Fee: \$35 for YMCA member
\$55 for Program member

Practices are on Thursday's from 4-4:30 ages 4-6, from 4:45-5:30 ages 7-10
First practice is Thursday, January 17th.

Please make checks payable to: **Decatur County Family YMCA**

Registration form can be mailed to: 1 YMCA Way
Greensburg, IN 47240
or e-mailed to: deenah@dcfymca.org

GAMES: Saturdays starting January 27th—March 3rd
(Make up date: March 10th)

Parent or Guardian must sign the waiver:

I hereby waive and release any and all rights and claims for damages I have against the sponsors, officials, and the Decatur County Family YMCA for any injury that I may suffer during my participation in Cheering at YMCA Youth Basketball games.

Signature of Parent or Guardian: _____ Date: _____

Questions can be directed to:

Deena Hamer
812-663-9622, ext. 28
deenah@dcfymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY