



Wabash Valley Youth in Action, Inc.

Youth Basketball



This is an instructional league for both boys and girls who are interested in improving their skills.

Practices/Games will be Saturdays, January 20th - March 10th

Participants must be at least age 4 on or before December 1st.

Final Registration* Deadline- December 29th

*An additional fee may be added if registration is received after the above date

YIA Members- \$40

Non-Members- \$50

\$5 discount for additional children - Family Max- \$105 (Member) \$125 (Non-Member)

RETURN THIS PORTION AND FEES TO: WABASH VALLEY YIA, 400 N. MARKET STREET, MT. CARMEL, IL 62863

LEAGUE: Pre-K/K 1st/2nd 3rd/4th (Girls only)

PLAYER'S NAME: _____ **GRADE:** _____ **AGE:** _____

SCHOOL: _____ **DATE OF BIRTH:** ____/____/____ **SEX:** M / F

SHIRT SIZE: 6-8 10-12 14-16 ADULT SM ADULT MED ADULT L

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

Can you volunteer: coach* asst. coach
If volunteering, have you ever been convicted of a felony?
Yes No

*All coaches will be subject to a background check prior to coaching.

Shirt Size: MEDIUM LARGE X-LARGE XX-LARGE

Payment Method (please mark):

Cash Check # _____

Paypal (online) www.wvyouthinaction.org

Scholarship (application **MUST** be submitted)

I would like to make a \$5.00 tax-deductible contribution to Wabash Valley Youth in Action, Inc. to help support a child who may not have the ability to pay. Donation is enclosed with my registration fee.

WAIVER AND DISCLAIMER OF LIABILITY & CONSENT TO MEDICAL CARE

To persuade the Wabash Valley YIA to accept the registration and permit the participation in YIA Basketball by the above named individual, I hereby give my consent to agree to release indemnity, and hold harmless the Wabash Valley YIA and Wabash Community Unit School District #348, their officials, coaches, and representatives from any claim arising out of any injury to the above named individual while participating in any YIA Basketball sanctioned activity or while in transit to or from thereto. I, also, hold harmless the Wabash Valley YIA and Wabash Community School District #348, their officials, coaches, and representatives from any claims arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs.

Should the above named individual require medical care for either illness or injury, I give my consent for any appropriate medical treatment by a person certified to perform such acts.

ACKNOWLEDGEMENT (parent/legal guardian) _____

No child will be denied the opportunity to play due to inability to pay. Scholarship applications are available at the YIA located at 400 Market Street (inside First-Mid Bank) OR on our website www.wvyouthinaction.org. Questions? Call the office at 618-263-4230.