

# Olean Family YMCA Teen Basketball League

## Teen Basketball League

The Olean YMCA is excited to announce a competitive teen basketball league. The YMCA believes that sports provide an opportunity to learn great life lessons and values while enjoying exercise and fun in a team setting. As always the YMCA stresses character development values of caring, honesty, respect and responsibility. Games will be played on Tuesday evenings at the Olean Family YMCA.



Sign up  
today!

- Season Dates:** April 30 - July 23, 2010
- Registration Location:** Olean Family YMCA, 1101 Wayne St., Olean
- Registration Dates:** Monday, March 29 - Monday April 26, 2010
- Grade Levels:** 8th - 12th graders
- Draft Day:** Tuesday April 27, 2010 at 6:00 PM
- Day/Time:** Games: Tuesday evenings
- Registration Fee:** Members: \$25 / Public: \$60  
(Registration fee includes league play and team jerseys.)
- Team Packets:** Available at the YMCA after 5:00 PM on Friday, April 30, 2010



**Olean Family YMCA**

1101 Wayne St. • Olean, NY 14760 • 716-373-2400

We build strong kids, strong families, strong communities.

## Team Packet

Packets will include your team roster, captains name and any other information pertinent to the season. **Team packets will be available at the YMCA after 5:00 PM on Friday April, 30, 2010**

## Financial Assistance

Financial assistance is available for participants in need. Call the YMCA at 373-2400 to apply.

## Volunteers

In any YMCA program, the volunteers are the most important key to a successful season. The YMCA is always looking for help to develop youth in Cattaraugus County. Please contact Steve Jackson 716-701-1381 or by email [sjackson@oleanymca.org](mailto:sjackson@oleanymca.org) if you are interested in volunteering for the YMCA.

## Save the Date

**Draft day is : Tuesday April 27, 2010 @ 6:00 PM**

**Olean Family YMCA – Teen Basketball League**  
(Please make checks payable to the Olean Family YMCA)

Teen's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Email address:** \_\_\_\_\_ (will be used for parent communication)

Coaches Information: Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt Size:  Adult Small  Adult Medium  Adult Large  XL  2XL  3XL

Please circle your child's basketball skill level: (1 = Beginner, 5 = Advanced) 1 2 3 4 5

Please indicate your height and weight. \_\_\_\_\_ft. \_\_\_\_\_in. \_\_\_\_\_lbs.

### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I understand that the Olean Family YMCA assumes no responsibility for injuries or illness, which my child may sustain as a result of his/her physical condition or resulting from his/her athletic activities, sports program, aquatic program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my child's participation in these activities. I hereby release and discharge the Olean Family YMCA, its agents, servants and employees from any and all claims for injury, illness, death, and loss or damage which my child may suffer as a result of his/her participation in these activities.

I understand that the Olean Family YMCA is not responsible for personal property lost or stolen while a member and/or program participant while on the Olean Family YMCA premises.

I give my permission to the Olean Family YMCA to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include me or my family's image or voice for the purposes of promoting or interpreting the Olean Family YMCA programs.

I acknowledge the waiver set forth above and being in sympathy with the Mission Statement of the Olean Family YMCA agree to sign the waiver.

\_\_\_\_\_  
Signature of Applicant/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Teen in Program/Programs

#### OFFICE USE ONLY

Amount paid \$ \_\_\_\_\_ Payment – Cash, CK, VS, MC, SCH

Date \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_

For more information contact Steve Jackson – Sports Director at 701-1381 or [sjackson@oleanymca.org](mailto:sjackson@oleanymca.org)