

GET IN

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY



Your child's experiences in sports are important. We want all kids to fall in love with team sports—teamwork, organization, and fun will put a huge smile on your child's face while teaching them important socialization & motor skills.

Registration Information: Open Now! Deadline November 10, 2021. After November 10th, if room is available a \$5 late fee will be added. Register at the Y, or online if you have registered for a program in the past.

THE GAME

WITH YBA

@ the Danville Family YMCA

Practice once a week starting the week of December 6th. Games will be on Saturdays starting January 15, 2022. All practices and games will be at the Danville Family YMCA.

Age Divisions: Kindergarten, 1–2, 3–4 All Genders Fees: \$50 Members, \$70 Non–Members

Questions? Contact Linus VanderWyst @ lvanderwyst@danvilleymca.org or call (217) 442-0563

Danville Family YMCA · 1111 N. Vermilion St. · Danville, IL 61832 · 217.442.0563 · danvilleymca.org



YBA REGISTRATION INFORMATION FORM

Participant:						
Grade:	ade:			/	/	
Parent/Guardians:						
Address:						
City, State, Zip:						
Cell Number:		<u> </u>	nail:			
T–Shirt Size: XS YM	N YL YXL	AS AM	AL AXL			
Emergency Contact:						
Emergency Contact Pho	ne:					
Do you own or work f	for a business th	at might be int	terested in sp	onsoring a te	am? Y or N	
If yes, contact:						
The success of this pro es and referees, we wi of 50% will be applied mation about the volu 0563.	ll not be able to I to your child's a	run YBA2022. account after y	If you are inte ou have beer	erested in coa n approved as	ching or refereein a volunteer. For r	ng, a discount more infor-
I am interested in: Assistant Coaching		ching	Coaching		Refereeing	
I hereby certify that this ch	ild ic in normal bea		d Waiver of Liab	,	iram Lunderstand th	at the VMCA
does not carry health and ries due to accidents will b and release and hold harn because of the child's pres	accident insurance e the responsibility nless the YMCA Ass	on its members of the participant ociation and all it	or program part and their insura s members, staf	icipants. All expe ance carrier. On l f, and volunteers	nses incurred in the to behalf of my child, I as	reatment of inju- ssume all risks
Signature:		Date:				

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