



# Spring 2010

# Adult Basketball

Games are Tuesdays and Thursdays  
6:30pm and 7:30pm @ the  
Northwood YMCA (Ages 20+)

**\$250 Per Team** (NOT Including Jerseys)  
+ \$20 per team/game for referee fees

**\$300 Per Team** (Including Jerseys)  
+ \$20 per team/game for referee fees

Games start the week of March 1st  
9 week season + Playoffs in May.

Register your team by emailing John Gullic,  
[j.gullic@ncfymca.org](mailto:j.gullic@ncfymca.org) or calling 352-374-9622.

**REGISTER by Monday February 22nd.**

\*\*\*Captains meeting to follow\*\*\*



# Adult Sports Registration Form

Register by Mail or Fax to:  
 North Central Florida YMCA  
 5201 NW 34<sup>th</sup> Street, Gainesville, Florida 32605  
 Phone: 352-374-9622 X13 Fax: 352-372-5247

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
 Team Name \_\_\_\_\_

### Team Captain Information (if different form above)

Name: \_\_\_\_\_  
 Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

Season: \_\_\_\_\_  
           \_\_\_\_\_ Spring 2010

\$50.00 deposit is required at the time of Registration  
 \$200.00/\$250.00 is due before the first game of the Season.  
 TOTAL For Season: \$250.00(w/ Jerseys) \$300.00(w/o own Jerseys)  
 • You are now responsible for your own referee fees. Fees will be \$20.00 per team per game. All referee fees must be paid in full before each game begins. (fees are non-refundable)

\_\_\_\_\_ (Initial) I have read, understand, and will adhere by the above information.

### Optional Information for United Way Only (names not disclosed)

Ethnicity: Asian African American Hispanic Native American White Other

I understand that the YMCA does not carry accident insurance and I agree to use my personal insurance if needed. I agree not to hold the YMCA or its staff, Board of Directors or sponsors responsible for injuries or accidents and I authorize the YMCA or its instructors to obtain medical care in the case of injury or accident if a parent or guardian is unavailable to give permission. By the very nature of sports and athletic activities, there is risk of physical injury. The possible injuries include catastrophic injury such as paralysis and even death. The risk of physical injury can be minimized, but never eliminated. The YMCA reserves the right to add, change, limit or cancel classes or teams according to enrollment. Registration is on first come, first serve basis. I further understand that if the YMCA cancels a program a full refund will be given. If I discontinue participation in a program and give prior written notice, a prorated credit toward another program will be given. All letters of credit are subject to a 10% administration fee.

\_\_\_\_\_ Signature of Participant

\_\_\_\_\_ Date

Date Paid:	Amount Paid:	Cash	Check #	Credit Card #
Please Circle One: DISC MC VISA AMEX				Exp. Date:
Print Name on Card			Card Holders Signature	