

## 2023 Winter Basketball Leagues Registration

Registration for 2023 Youth Winter Basketball Leagues is open from October 21 through December 20, 2022 with registration fees of \$70.00 per 1<sup>st</sup>-6<sup>th</sup> Grade child and \$50.00 per Pre-K and Kindergarten child. Late registration is open from December 21 through December 30, 2022; registration fees increase \$10.00 during late registration and late registration is only available at the Village Office (not online). Team and coach placements will be made in late December and early January, with practices starting January 2, 2023 and games taking place on Saturdays, January 14 through February 25, 2023. Sign up online at uniongrove.net/rec or by submitting this form with registration fee to the Union Grove Village Offices, 925 15<sup>th</sup> Ave. Normal office hours are Monday-Friday 8 a.m. to 4:30 p.m. Registrations and payment (check only) can also be mailed to Village of Union Grove, 925 15<sup>th</sup> Ave., Union Grove, WI 53182. For questions, contact Ryan Thompson at (262) 902-7917 or rthompson@ymcaracine.org.

Section A. Co	o-Ed Divisions Select	ion:				
☐ Pre-	K and Kindergarten	☐ 1 <sup>st</sup> and	2 <sup>nd</sup> Grade	☐ 3 <sup>rd</sup> and 4 <sup>t</sup>	<sup>h</sup> Grade	☐ 5 <sup>th</sup> and 6 <sup>th</sup> Grade
Section B. Pa	articipant Information	:				
Name:		Pa	rent Name:			
Age:	Grade:	Gender:		Phone:		
Address:				(	City:	
Date of Birth:		Sc	chool:			
E-mail Addres	SS:					
	on Last Year (If Applic					
Shirt Size (Ch	neck One):	□YM □Yl	_	Adult-M	☐ Adult-L	☐ Adult-XL
Any Special R	Requests:					
Section C. Coaching (Optional) Interested in making a difference in the lives of children in the community? Please consider coaching a team! Attendance is also required at a coaches meeting before the season.						
I would like to	serve as (check one c	or both):	] Head Coach	☐ Ass	sistant Coach	
Coach E-mail	l:		_Preferred Ph	one:		_
Coach Shirt S	Size (Check One):	☐ Adult-S	☐ Adult-M	☐ Adult-L	☐ Adult-XL	
By signing th voluntary bas understand I Refunds will b program. A \$	sis to provided recreation am responsible for in oe made upon request	ister my child fon activities for juries or illness of a registered oe charged on	children in th associated w participant (or all refunds pr	e area. I know the vith this program parent/guardian)	nat transportation  I also understore  up until the sta	program is offered on a on is my responsibility. I cand the refunds policy: art date of the scheduled is canceled, registered
Parent/Guardian Signature: Date:						
This Section	for Office Use Only:					
Date Filed:	Amount Pa	id: Ca	ash: Chec	k #: i	Receipted by: _	