



2024 Winter Basketball Leagues Registration

Registration for 2024 Youth Winter Basketball Leagues is open from October 23rd through December 22, 2023 **NO LATE REGISTRATIONS ACCEPTED**. Team and coach placements will be made in late December and early January, with practices starting January 8, 2024 and games taking place on Saturdays, January 13 through February 24, 2024. Sign up by submitting this form with registration fee to the Union Grove Village Offices, 925 15th 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 15th Ave., Union Grove, WI 53182. For questions, contact Ryan Thompson at (262) 902-7917 or rthompson@ymcaracine.org.

Section A. Co-Ed Divisions Selection:

<input type="checkbox"/> 4K and Kindergarten	<input type="checkbox"/> 1 st and 2 nd Grade	<input type="checkbox"/> 3 rd and 4 th Grade	<input type="checkbox"/> 5 th and 6 th Grade
UG & Yorkville Resident: \$50 Non- Resident: \$60	UG & Yorkville Resident: \$70 Non- Resident: \$80		

Section B. Participant Information:

Name: _____ Parent Name: _____

Age: _____ Grade: _____ Gender: _____ Phone: _____

Address: _____ City: _____

Date of Birth: _____ School: _____

E-mail Address: _____

Team Played on Last Year (If Applicable): _____

Shirt Size (Check One): ☐ YS ☐ YM ☐ YL ☐ Adult-S ☐ Adult-M ☐ Adult-L ☐ Adult-XL

Any Special 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 or both): ☐ Head Coach ☐ Assistant Coach

Coach E-mail: _____ Preferred Phone: _____

Coach Shirt Size (Check One): ☐ Adult-S ☐ Adult-M ☐ Adult-L ☐ Adult-XL

Section D. Agreement and Signature

By signing this form, I agree to register my child for this recreation program. I understand the program is offered on a voluntary basis to provided recreation activities for children in the area. I know that transportation is my responsibility. I understand I am responsible for injuries or illness associated with this program. I also understand the refunds policy: Refunds will be made upon request of a registered participant (or parent/guardian) up until the start date of the scheduled program. A \$5.00 service fee will be charged on all refunds provided. In the event a program is canceled, registered participants will be notified and will receive a full refund.

Parent/Guardian Signature: _____ Date: _____

This Section for Office Use Only:

Date Filed: _____ Amount Paid: _____ Cash: ____ Check #: _____ Receipted by: _____