



# Bowling Family YMCA Fall Sports

**Where:** Bowling Family YMCA of El Paso  
5509 Will Ruth Ave  
El Paso, TX 79924  
(915) 755-9622

No Refunds will be allowed after schedule is posted.

**What:** In Partnership with the Miracle League of El Paso

+ Special Olympics Rules  
Basketball: ages 5 years and above.  
Teams consist of five player each



**When:** Registration begins October 1, games begin Saturday, October 25

Need coaches, volunteers and players

*All games will be played at the Bowling Family YMCA 5509 Will Ruth*

**Practice:** will be determined by team coaches

**Games:** Games played Saturdays and Sundays starting October 25th, 2014 schedule provided upon completion of registration

**Cost:** Includes T-shirt, eight games, and referee fees  
\$25 per player

**Registration is first come first served. Once a team fills up with the maximum number of players on the roster, registration is**

**Season Dates:** October 26th - December 21st 2014

## Fall Basketball Registration Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Gender: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Shirt Size: YS YM YL YXL AS AM AL AXL Circle One

I would like to be a: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

*Release of Liability/ Assumption of Risk: The undersigned participant or parent/guardian, in consideration of participation in the program activities indicated on this form, agree to indemnify and hold harmless the YMCA of El Paso, Miracle League of El Paso, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, name herein, arising out of, or, in any way connected with the program or activity indicated and assumes the risk for such injury or illness. I also authorize the use of any photographic image of the participant, herein, taken during program or activity for use in any YMCA of El Paso or Miracle League of El Paso publication. I further agree to abide by all of the YMCA of El Paso and Miracle League of El Paso's policies and procedures.*

Print Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_