



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLAY SOME BALL

MEN'S 3 ON 3 BASKETBALL LEAGUE - Wednesday Nights

LEAGUE POLICIES:

- Games are played on Wednesdays from 6:30 - 10:00 pm
- Each session consists of six games.
- Games are played cross-court in the YMCA Gymnasium and consist of two 20 minute halves.
- Running clock with no time-outs.
- Call your own fouls. All fouls with 1 minute left in the half is an automatic point.
- You must be 18 years of age and not participating on a high school or college basketball team.
- Leagues are 6 weeks, followed by a single elimination tournament (if enough teams); awards will be presented for 1st place.
- Each team must submit a roster of players (see bottom of this form) of not more than five (5) individuals. Rosters must be turned in prior to your first game.
- The YMCA reserves the right to eject from a game, suspend or cancel the membership of any player who engages in inappropriate, threatening, or violent behavior.
- **All fees must be paid prior to the FIRST game, or your team will be removed from the league.**

REGISTRATION FORM:

Call or turn this form into Briar to reserve your spot
Wednesdays, January 16 - March 20 Register by January 9.
Single Elimination Tournament on March 27.

FEES: \$125 per team of all Y members; \$150 per team of mixed, members and program members

Team Name _____

Captain's Name _____

Address _____ City _____ Zip _____

Cell Phone _____ Work or Other Phone _____

REQUIRED: E-mail address _____

Mark the league you would prefer to play in: MEN'S "A" LEAGUE MEN'S "B" LEAGUE

TEAM ROSTER

Team Name _____

Player Names (Please Print)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

PARTICIPANT RELEASE FORM: I recognize and understand the activity and give my permission and consent to this participation. I recognize that proper care of equipment, courts and adequate supervision will be provided, but that inherent in these activities is a degree of assumption of risk. I (we) hereby agree to release, discharge and hold harmless Grand Island YMCA, its agents and employees from all actions, causes of action, damages, claims or demand which I may have and for all personal injuries known which myself may incur or suffer by participating in the said program or activity. **SPORTSMANSHIP:** Good sportsmanship is required in order to participate in the YMCA 3 on 3 Program. All people involved need to keep the games in perspective and respect the opponents, spectators and officials. Individuals can be ejected from the league for fighting and foul language. The team captain is the spokesperson for the team. **SEX OFFENDER POLICY:** The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

ALL PLAYERS MUST SIGN THE ATTACHED REGISTRATION FORM IN ORDER TO BE ELIGIBLE FOR PARTICIPATION

YMCA OF GRAND ISLAND

221 E South Front - 2300 N Webb Road, Grand Island, Nebraska 68801
P 308 395 9622 www.giyymca.org

Team Name _____

Player Name: _____ YMCA Member Yes / No
Address: _____ Birthdate: _____ Age ____
City: _____ State: _____ Zip: _____
Phone / Cell: _____
Email: _____

I, the undersigned, as participant in the above Grand Island YMCA Program, acknowledge the existence of and assume full responsibility for certain risks associated with this program which may cause damage to property or personal bodily injury or death to the participant. My signature on this waiver verifies that I will not hold the Grand Island YMCA liable or accountable for any injury to my self or my legal dependents while participating in this YMCA Program. PHOTO PERMISSION: I do hereby grant permission for pictures to be used in publicity or brochures related to the Grand Island YMCA. SEX OFFENDER POLICY: The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Signature Date

Team Name _____

Player Name: _____ YMCA Member Yes / No
Address: _____ Birthdate: _____ Age ____
City: _____ State: _____ Zip: _____
Phone / Cell: _____
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Signature Date