

2022 Winter Basketball Leagues Registration

Registration for 2022 Youth Winter Basketball Leagues is open from November 1 through December 20, 2021 with registration fees of \$70.00 per 1st-6th Grade child and \$50.00 per Pre-K and Kindergarten child. Late registration is open from December 21 through December 30, 2021; 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 4, 2022 and games taking place on Saturdays, January 15 through February 26, 2022. Sign up online at uniongrove.net/rec or 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	n:		
☐ Pre-K and Kindergarten	☐ 1 st and 2 nd Grade	☐ 3 rd and 4 th Gr	ade
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 Applicat			
Shirt Size (Check One):	□YM □YL □ Adul	t-S	☐ Adult-L ☐ Adult-XL
Any Special Requests:			
Section C. Coaching (Optional) Interested in making a difference in the is also required at a coaches meeting		ommunity? Please cons	sider coaching a team! Attendance
I would like to serve as (check one or	both):	ch Assista	nt Coach
Coach E-mail:	Preferred	Phone:	
Coach Shirt Size (Check One):	☐ Adult-S ☐ Adult	-M 🔲 Adult-L	Adult-XL
Section D. Agreement and Signatur By signing this form, I agree to regis voluntary basis to provided recreation understand I am responsible for inju- Refunds will be made upon request of program. A \$5.00 service fee will be participants will be notified and will red	ter my child for this recr n activities for children in ries or illness associated f a registered participant charged on all refunds	the area. I know that the with this program. I a (or parent/guardian) up	ransportation is my responsibility. I Ilso understand the refunds policy: until the start date of the scheduled
Parent/Guardian Signature:		Date:	
This Section for Office Use Only: Date Filed: Amount Paid	:Cash:Ch	nack #· Poo	eipted by:
Date i lieu Alliount Palu	Casii Cl	IEUN # REU	sipieu by