

Adult League Basketball Session I



**All League Games
are played late on
Sunday afternoons
and evenings.**



YMCA OF CLAY COUNTY
225 E. Krizan
Brazil, IN 47834

Important Information and Program Policies

Refunds:

Full refunds will be granted if the YMCA cancels a program. Otherwise a request for a refund must be made in writing before the season begins. A \$5 fee will be assessed for processing of all refunds. Refunds can be made as a system credit good toward YMCA membership or other programs or in the form of a check. Checks will take up to 10 days to process.

Participation Regulations:

Teams are limited to 10 members. Team members must be 14 years of age or older by the registration deadline.

Indiana High School Athletic Association (IHSAA):

Our adult league basketball rules and regulations will mirror those of the IHSAA. Referees for the league will also be trained and given information that is consistent with the IHSAA rules.

Uniforms:

The YMCA will not provide uniforms or equipment for adult league participants. You may order your own shirts anywhere you wish. We will keep a list of shirt colors if you wish to get different colors from the other teams in the league. We will not be providing reversible jerseys.

Practices:

The YMCA will not schedule practice times for the basketball league due to court space and availability. It will be the teams responsibility to find practice space if it is needed.

Games:

There will be a **nine** game schedule for each team. Please inform us of known scheduling conflicts on the registration form.

Tournament:

A single elimination tournament will be held the week after the regular season. This will assure that all teams will play a minimum of ten total games for the season

Inclement Weather and Makeup Games:

If weather conditions are deemed dangerous for driving, games will be cancelled and rescheduled for a later date. Team contacts will be notified as soon as possible. These games will be made-up.

Rules:

We will review league rules at the team contact meeting. If a rule is not covered in our league rules we will defer to the IHSAA Rule Book

Sportsmanship:

All participants and spectators will be required to support the YMCA sports philosophy which is based on participation, fun, physical fitness, teamwork and fair play. Failure to follow these guidelines can result in your removal from the facility and may result in individual and team penalties (including additional game or league suspension).

Detach this portion for your records

WHO: Adult League teams: Teams are limited to 10 members. Team members must be 14 or older by the registration deadline. All team members should be listed on the registration form. Team members may not be on more than one roster for this league.

WHEN: (Tentative)

Games will begin Sunday, November 1st. Games will be played on Sunday late afternoons or evenings. The single elimination tournament will begin the Sunday after the season ends.

WHERE: YMCA Mendenhall Gymnasium

REGISTRATION:

Registration will occur from September 28th through October 23rd. Late registrations will not be accepted.

FEE:

\$300.00 per team must be paid in full at the time of registration. There will be no additional fees for your team.

TEAM CONTACT MEETING (Tentative):

All team contacts should plan on attending a meeting on Tuesday, October 27 at 7:00pm. The rules will be reviewed and schedules will be distributed at that time. If the team contact cannot attend this meeting due to prior commitments, a representative from the team should take the place of the team contact at the meeting.

PARTICIPATION AGREEMENT:

All team members should be in normal health and capable of safe participation in the sports program. Participants assume all risks and hazards incidental to participation in the activity. Participants are responsible for any medical expenses incurred from participation and will not hold the YMCA of Clay County, its Board or employees liable.

FOR MORE INFORMATION :

Details are available by contacting the Y front desk staff at 442-6761 or sports@claycountyyymca.org

ADULT BASKETBALL SESSION I

Team Name: _____

Team Contact: _____ Date of Birth ___/___/___

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Team Member to call if you are unavailable: _____ Cell Phone: _____

Team Members:

1. _____ Phone: _____ DOB: _____

2. _____ Phone: _____ DOB: _____

3. _____ Phone: _____ DOB: _____

4. _____ Phone: _____ DOB: _____

5. _____ Phone: _____ DOB: _____

6. _____ Phone: _____ DOB: _____

7. _____ Phone: _____ DOB: _____

8. _____ Phone: _____ DOB: _____

9. _____ Phone: _____ DOB: _____

10. _____ Phone: _____ DOB: _____

Availability: My team can play at the following times: Circle all that apply:

3:30pm 4:00pm 4:30pm 5:00pm 5:30pm 6:00pm 6:30pm 7:00pm 7:30pm 8:00pm 8:30pm 9:00pm
(Start time for Men's league games will depend on the number of Youth league teams who will begin play at 1:30pm)

*** The completed registration form and payment of the full registration fee is required by October 23rd for your team to be eligible to participate.**



FOR OFFICE USE ONLY

Date: _____ Amount Paid: _____ Receipt Given: Yes or No Staff Member Initials _____