



**\*FEE:**

Family Members — \$100

Youth Members — \$150

Community Members — \$195

\*Prices increase \$10 on October 29th

\*Financial Assistance Available

*By completing this form you are opting into Jr. Celtics e-newsletters. You may unsubscribe at any time using the link included at the bottom of each email.*

**CONTACT:**

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**Parkway Community YMCA**

**Ymcaboston.org/parkway**



## Jr. Celtics Youth Development League

## WELCOME!

The YMCA of Greater Boston has partnered with the Boston Celtics and their Jr. Celtics Youth Development Leagues! Participants will experience an exclusive basketball program, teaching the values of Celtics basketball and focusing on healthy player and coach development.

## JR. CELTICS YOUTH DEVELOPMENT LEAGUE (Ages 5-10)

This program is for girls and boys in grades 1st to 4th at the YMCA. This program includes:

- Draft Day Event including an appearance by Celtics personnel
- One reversible branded Celtic and Y jersey for each participant
- Two tickets to one Celtics open practice event
- Access for participants in the Fall Programs to participate in one Jr. Celtics Clinic
- The opportunity for program participants to receive a fifteen percent (15%) discount on the registration fees for Jr. Celtics Youth Basketball Clinics, and Celtics Camps

## Dates to Remember

Registration : Starts December 10,2018

Winter session runs from January 2nd to February 17th

January 5th (Saturday's 1st class)

or

January 7th ( Monday's 1st class)

Mondays 5:00-5:45pm Ages 5-6

Mondays 6:00-7:00pm Ages 7-8

Mondays 7:15-8:15pm Ages 9-10

OR

Saturdays 10:45-11:30am Ages 5-6

Saturdays 11:45am-12:45pm Ages 7-8

Saturdays 1:00pm-2:00pm Ages 9-10



## REGISTRATION:

Please print legibly, this information is critical for registration and ALL league communication.

Ages 5-6  Ages 7-8  Ages 9-10  Mondays  Saturdays

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: (Print Clearly) \_\_\_\_\_

**\*\*Required—ALL communication is via email.**

Interested in volunteering as coach? \_\_\_\_\_

If so, will you be able to attend the October 13th Coaches Clinic? \_\_\_\_\_

Jersey Size: Youth S \_\_\_\_\_ Youth M \_\_\_\_\_

Youth L \_\_\_\_\_ Youth XL \_\_\_\_\_

## Payment Information

\*Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

\*Credit Card Type: \_\_\_\_\_

\*Credit Card Last 4 Digits: \_\_\_\_\_ Exp Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_

## WAIVER OF LIABILITY

The Parkway Community YMCA does not provide insurance for participants in its programs. I, the applicant, agree that the YMCA and all individuals participating in the YMCA Sports League, in any capacity, will not be held liable for any causes or actions, claims and injuries arising out of the participation of the application in the YMCA Sports League. I hereby release all said individuals from injuries and agree that all players participate at their own risk. I, as parent or legal guardian of the applicant, hereby consent to the participation of the applicant in the YMCA Sports League under the above-mentioned conditions.

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date