



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **Private Basketball Workout Registration Form Waynesboro Area YMCA**

Date: \_\_\_\_\_ Member \_\_\_\_\_ Non-Member \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Have they ever played basketball before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, where? \_\_\_\_\_

Parent/Guardian:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

**Days and Times Available (list as many as possible)**

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**Do you have any special considerations which will help us meet your needs?**

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You will be contacted by the Sports and Recreation Director to schedule your lessons. Any balance due should be paid prior to the first lesson.

Please contact [tim@waynesboroymca.org](mailto:tim@waynesboroymca.org) with questions about registration, payment or general questions about lessons.

**Please Note: You must give 24 hours' notice to the instructor to cancel your private lesson or you will be charged for that day.**

Front Desk: Date Received: \_\_\_\_\_ Registered: Yes \_\_\_\_\_ No \_\_\_\_\_ Paid: Yes \_\_\_\_\_ No \_\_\_\_\_