



SELECT DIVISION AND GRADE:

- ☐ Boys Division ☐ Girls Division
☐ 5th Grade ☐ 6th Grade ☐ 7th Grade ☐ 8th Grade

Participant's Name: _____

Grade as of October 2025: _____

Parent/Guardian Name: _____

Email Address: _____ Phone Number: _____

AGREEMENT

Should this participant win a spot in the state championships, parent/guardian agrees to assume responsibility for transporting child to and from state championship in Normal, IL November 28th (5th & 6th Grade Boys & Girls) or 29th (7th & 8th Grade Boys & Girls). Note: this is Thanksgiving Weekend.

_____ (initials of parent or guardian)

No one is turned away due to inability to pay. Should assistance be required, please speak to the director of the tournament.

YMCA OF ANY TOWN

local contact information