

Y BASKETBALL™

We build strong kids, strong families, strong communities.



YOUTH IN-HOUSE BASKETBALL

2012 Winter Session 2 • 1st-8th Grade

For more information, contact Rachel Joffe 754-6654 ext. 109 or rjoffe@ymcajanesville.org.

Early RegistrationNov. 28-Dec. 19

Late Registration (\$10 T-shirt) Dec. 20-26

Coaches MeetingDec. 28 @ 6 pm

Practices BeginWeek of January 2

First Game January 14

Last Game February 25

Registration Fee (T-shirt included with early registration fee)

\$35 Member • \$70 Non-member

Scholarships and financial aid are available.

Refunds/Cancellations: Refund or credit issued only if YMCA cancels program.

GENERAL INFORMATION:

- These leagues allow your child to develop fundamental basketball skills while promoting family values such as RESPECT, RESPONSIBILITY, CARING, and HONESTY.
- Each team will practice once a week with games on Saturdays.
- Practice times and locations will be determined by coaches.
- The success of this program depends upon parent involvement with their children. That is why we offer parents an opportunity to be a part of this program as a Coach or Assistant Coach.
- **Parents will be contacted after coaches meeting regarding first practice.**

Youth In-House Basketball Registration Form—One Form Per Person

Register by mail, in person or fax credit card information to 608-754-9024 attention Rachel Joffe.

Child's Name: _____

Male Female Member Non-Member

School: _____ Grade: _____ Age: _____ Birth Date: _____

Mother's Name: _____ Work/Cell Phone: _____

Father's Name: _____ Work/Cell Phone: _____

Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

PLEASE MARK THE DIVISION YOUR CHILD IS IN:

- COED 1ST COED 2ND 3RD GIRLS 4TH GIRLS 5TH & 6TH GIRLS
 3RD BOYS 4TH BOYS 5TH & 6TH BOYS COED 7TH & 8TH

SHIRT SIZE: Child S Child M Child L Adult S Adult M Adult L Adult XL

If you would like to be placed with a specific coach or on a specific team please let us know in the space provided.

Special Requests cannot be honored if registration is received during late registration periods.

SPECIAL REQUEST: _____

I WOULD BE WILLING TO VOLUNTEER AS A:

Coach Assistant Coach

Name: _____ Phone: _____

Payment Method

Cash (in person only)

Check # _____

Credit Card Visa Master Card

Name on Card _____

Card # _____

Expiration Date _____

3-Digit Verification Code (on back of card) _____

Signature _____

AMOUNT ENCLOSED _____

