



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MARION FAMILY YMCA YOUTH BASKETBALL WINTER I

SWIM, SPORTS & PLAY YOUTH BASKETBALL LEAGUE

It's that time again, Basketball Season!

Program focuses on teaching the players the basic skills, teamwork & sportsmanship.

All participants will play equal time. *Practice will be held once a week at each team coach's discretion*



Season Dates: January 13 (meet the coach) – February 24, 2017
Ages 5-6 / 7-8 / 9-12

FEE: Household Members \$30 All Other Members: \$35 Program Participant \$60
Pictures may be purchased for an additional fee.

Registration Deadline January 8, 2017 Price includes: Basketball Reversible shirt and awards.
Late registrations will be accepted on a space available basis with a \$10 late fee.
\$5 OFF FOR REUSING PREVIOUS JERSEY

LOCATION: Practice and games will be held at the Marion Family YMCA—WOPAT YMCA Center.

PRACTICE AND GAMES: Practice on one evening per week, at each coach's discretion. Games will be played on Saturdays.

First Practice - Saturday, January 13, 2017 First Game - Saturday, January 20, 2017

Schedule below is to meet your coach and FIRST PRACTICE ONLY. *You will receive schedule for season at this first practice. Practice will last approximately 45 minutes.* **Schedule for first Saturday, January 13:**

Ages 5-6 9:00 am Ages 7-8 10:15 am Ages 9-12 11:30am

Volunteer coaches are needed! Contact Ben Burkhardt @marionfamilyymca.org if interested in coaching

Scholarships Available! Bring your tax return to the Y Service Center at the time of registration for Youth Basketball for immediate approval. Families with annual income of \$35,000 or less may qualify for a \$15 reduction in fee.

Marion Family YMCA Registration Form

Number of Years Basketball Experience:

Shirt Size:

Name Age D.O.B.

Address Email

Phone Number Parent's Name Willing to coach?

WOULD YOU BE WILLING TO COACH/ASSIST?

COACH NAME: **COACH PHONE NUMBER:**

We will try to honor requests. However, we DO NOT guarantee coach or teammate.

Name of Coach requested:

Practice Day(s) requested (circle): Mon Tues Wed Thurs

Name of Teammate requested (Limit 1 only):

Please complete form & return to the Service Center.