



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



MARION FAMILY YMCA YOUTH BASKETBALL FALL 2019

It's that time again, **Basketball Season!**

Program focuses on teaching the players the basic skills, teamwork & sportsmanship. Games will be played on Saturdays at the Marion Family YMCA. *Practice will be held once a week at each team coach's discretion.*

Early Bird Special: \$10 off registration on or before Sept 7, 2019.

Cannot be combined with scholarship or sibling discount

Season Dates: November 2 – December 21, 2019

Ages: 3-4, 5-6, 7-9, and 10-13

Member Fee: \$30 per child

Non-Member Fee: \$60 per child

Price includes: Reversible team jersey. *Pictures may be purchased for an additional fee.*

****Team jerseys are the same as previous sports/seasons****

Registration Deadline: October 26, 2019

Late Registrations: October 27-November 2, 2019

Late registrations submitted between October 27–November 2, will be reviewed and accepted on a space-available basis with an additional \$10 late fee. You will be notified by the Program Manager if your registration was accepted with your team and season information.

***NOTE:** There will be no games on Saturday, November 30 (due to Thanksgiving).

Meet the Coach and Complete Paperwork: November 2, 2019

Ages 10-13 @ 9:00 am / Ages 7-9 @ 10:00 am / Ages 5-6 @ 11:00 am / Ages 3-4 @ 12:00 pm

Scholarships Available! Bring your tax return to the Y Service Center at the time of registration for immediate approval. Families with annual income of \$35,000 or less may qualify for a \$15 reduction in fee. This can be used in place of but not combined with Early Bird or Sibling Discount.

Questions? Please call or e-mail Nicole Brown P 740-725-9622 E nbrown@marionfamilyymca.org

Marion Family YMCA Registration

Number of Years Basketball Experience: 0 1 2 3 4 5 6 7+

Shirt Size: YS YM YL AS AM AL

Name _____ Age _____ D.O.B. _____

Address _____ Email _____

Phone Number _____ Parent's Name _____

WOULD YOU BE WILLING TO COACH/ASSIST?

YES

NO

COACH NAME: _____ **COACH PHONE NUMBER:** _____

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

Name of Coach requested: _____ Name of Teammate requested (Limit 1 only): _____

Practice Day(s) requested (circle): Mon Tues Wed Thu Fri

OFFICE USE ONLY Late Registration Date/Time Received: _____