



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# MARION FAMILY YMCA YOUTH BASKETBALL FALL II

## 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*

**Early Bird Special: Register by October 2, and get \$10.00 OFF**

**Season Dates: October 28 – December 16, 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 October 20, 2017** Price includes: Basketball Reversible shirt and awards.

*Late registrations will be accepted on a space available basis with a \$10 late fee.*

**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, October 28, 2017      First Game - Saturday, November 4, 2017**

**NOTE: There will be no games on Saturday, November 25**

Schedule below is for FIRST PRACTICE ONLY. *You will receive schedule for season at this first practice. Practice will last approximately 45 minutes.*      **Schedule for first Saturday, October 28:**

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**

**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 \_\_\_\_\_

**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 or register online at [www.marionymca.org](http://www.marionymca.org)