

# Decatur County Family YMCA

## Youth Basketball League

**Ages: 4-11**

\*Divisions will be (4-6) (7-8) (9-11)

**Skills Test:** All ages skills test Saturday, October 21st

9:15-10:00 am Ages 4-6

10:15-11:00 Ages 7 & 8

11:15-Noon Ages 9-11

**Coaches Meeting is on October 24th, 2023 at 6:00 PM at  
Decatur County Family YMCA**

**Coaches will contact players with the time of their practice by  
October 26th**

First practice Day of October 28th



**REGISTER AT THE YMCA**

**Deadline: October 18th**

Building Hours

Mon-Fri 6:00 am - 9:00 pm

Saturday 9:00 am - 5:00 pm

Sunday 1:00 pm - 5:00 pm

**CONTACT INFORMATION**

**PHONE: (812) 663-9622  
Ext. 33**

**Email: elijahb@dcfymca.org**

**\$40YM  
\$60 PM**

**\*Financial Assistance  
Available\***

**Deadline to register is Oct. 18th  
any late registrations will be  
charged an additional \$10**

YMCA Youth League Registration

Sport—Youth Basketball 2023

Name \_\_\_\_\_ Sex: Male Female Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Shirt Size: YS YM YL AS AM AL AXL

Please Circle you child's Age Division: (4-6) (7-8) (9-11)

Please circle any day in which you are UNABLE to practice. Practice times/days will be assigned based on coach availability, participant schedule, and skill ability (to make teams as even as possible)

Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

I will Coach/Asst. Coach my child's team. Coach Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*VOLUNTEER COACHES ARE CRITICAL TO THE SUCCESS OF THIS PROGRAM, AND ALWAYS NEEDED. TOOLS ARE AVAILABLE TO ASSIST YOU ON BEST PRACTICES FOR COACHES.

I will sponsor or know a sponsor for \_\_\_\_\_ Team(s). Sponsor Name \_\_\_\_\_  
Sponsors will pay \$100 & have their company name on the back of a team's uniform.

**Waiver**  
I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Decatur County Family YMCA to obtain medical treatment for my child in the event that the parent(s) and the emergency contact cannot be reached. I support the YMCA Youth philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership. I agree that the Decatur County Family YMCA has my permission to use pictures and other art forms depicting my child in future publications and promotions.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)