

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, January 13th

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 January 16, 2024 at 6:00 PM at
Decatur County Family YMCA**

**Coaches will contact players with the time of their practice by
January 18th**

First practice Day of Jan 22nd, Games: Feb 3,10,17,24 Mar 2,9



REGISTER AT THE YMCA

Deadline: January 11th

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. 26**

Email: joep@dcfycma.org

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

***Financial Assistance
Available***

**Deadline to register is Jan 11th
any late registrations will be
charged an additional \$10**

YMCA Youth League Registration

Sport—Youth Basketball 2024

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

Please list anyone you car pool with and would prefer to be on the same team as _____

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)