



# YOUTH (GRADES 1-8) IN-HOUSE BASKETBALL



**Early Registration:** November 6 - December 22  
**Late Registration (\$10 T-shirt):** December 23-30  
**Practices Begin:** Week of January 8  
**First Game:** January 13  
**Last Game:** February 24  
**Registration Fee:**  
 (T-shirt included with early registration fee)  
**\$32 Member / \$62 Non-member**

Scholarships and financial aid  
are available.

Refunds/Cancellations: Refund or credit issued  
only if YMCA cancels program.

## GENERAL INFORMATION:

- These leagues allow your child to develop fundamental basketball skills while promoting family values such as RESPECT, RESPONSIBILITY, CARING, and HONESTY.
- Each team will practice once a week with games on Saturdays.
- Practice times and locations will be determined by coaches.
- The success of this program depends upon parent involvement with their children. That is why we offer parents an opportunity to be a part of this program as a Coach or Assistant Coach.
- **Parents will be contacted soon after the coaches meeting regarding their first practice.**

For more information contact Trent Henning at 754-9622 ext. 114 thenning@ymcajanesville.org

## YMCA OF NORTHERN ROCK COUNTY

Downtown Janesville - 608.754.YMCA - 221 Dodge St. Janesville, WI 53548

Parker - 608.868.YMCA - 1360 Parkview Dr. Milton, WI 53563

www.ymcajanesville.org

## Winter Youth In-House Basketball Registration Form—One Form Per Person

Register by mail, in person or fax credit card information to 608-754-9024 attention Trent Henning.

Child's Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_ Birth Date \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_  Member  Non-Member

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

PLEASE MARK THE DIVISION YOUR CHILD IS IN:  1ST GRADE COED  2ND GRADE COED  3RD & 4TH GIRLS

3RD GRADE BOYS  4TH & 5TH GRADE BOYS  5TH-8TH GRADE COED

SHIRT SIZE: 3T 4T Child S Child M Child L Adult S Adult M Adult L Adult XL

If you would like to be placed with a specific coach or on a specific team please let us know in the space provided. Special requests cannot be honored if registration is received during late registration.

SPECIAL REQUEST: \_\_\_\_\_

I WOULD BE WILLING TO VOLUNTEER AS A:  Coach  Assistant Coach

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I WOULD LIKE TO BE A SPONSOR: \_\_\_\_\_



### Payment Method

- Cash (in person only)  
 Check # \_\_\_\_\_  
 Credit Card  Visa  Master Card

\*Refunds may only be issued if the YMCA cancels a program

Name on Card \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 3-Digit Verification Code (on back of card) \_\_\_\_\_  
 Signature \_\_\_\_\_  
**AMOUNT ENCLOSED** \_\_\_\_\_