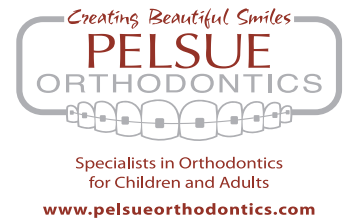




YOUTH (GRADES 1-8) IN-HOUSE BASKETBALL



Early Registration: July 5 - October 17
Late Registration (\$10 T-shirt): October 18-23
Practices Begin: Week of October 30th
First Game: November 4
Last Game: December 16
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

Fall 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 _____