



the

Winter Youth Basketball

Volunteer To Coach and
Receive 30% OFF Registration



**Building...
Skills
Confidence
& Character**

**Boys & Girls
Winter Basketball**

The YMCA of Abilene Youth Basketball league is a developmental program where we focus on the fundamentals of the game.

➔ **AGES: 3 – 12 yr. olds**

➔ **\$55 for Y Members**

➔ **Practices Begin 1/3/22**

➔ **Registration Closes 12/18**

➔ **\$85 for Non-Members**

➔ **Games Begin 1/15/22**

Important: To be eligible for the Member Price you must be an active & current member throughout the sports program

**For More Information Contact:
Joe Roberts at JROBERTS@ABILENEYMCA.ORG**

BASKETBALL INFO PAGE

SCHEDULE

Registration Closes 12/18/20

Practice begins the week of 1/3/21

Games Begin Saturday 1/15/21

1/23 is Picture Day

COST

\$55 with Y Membership

\$85 for a Non-Member

***This would be the perfect time for
you and your family to join the Y!!***

Coaches Information

Volunteer Coaches Needed

30% Off Registration Fees for Coaches

Coach's Meeting is 6 pm Thursday
12/30/22 @ The Redbud Y

Coaches Pick Practice Times
You will Coach Your Child's Team

COACHES MEETING IS MANDATORY!!



Basic Information

At the Y we want every student to... **P.L.A.Y.**

Participate Learn & Achieve at the Y

Appropriate Age Divisions...Ages 3 – 12

4U Division...ages 3 & 4 year olds

6U Division...ages 5 & 6 year olds

8U Division...ages 7 & 8 year olds

10U Division...ages 9 & 10 year olds

12U Division...ages 11 & 12 year olds

No Practice Request

We practice once a week & play one game a week

We practice on Mondays, Tuesdays or Thursdays

We can't guarantee a particular practice time

No Coaching Request

If you volunteer to coach your child will
automatically be placed on your team

We will keep siblings together at parent's request

We can't guarantee a particular coach

YMCA Youth Sports Focuses on

- Skill Development
- Team Work
- Sportsmanship

***Basketball is a 6 wk season... We practice
once a week and play one game a week***



Youth Basketball Registration Form

Register in Person at The YMCA or Online

Please Print Neatly

Child's Name _____ D.O.B. _____

Gender Male / Female Age _____ Grade _____ Height _____

Primary Contact _____ Number _____

Primary's Email _____

Secondary Contact _____ Number _____

Siblings... Please put _____ & _____ on the same team

(Siblings will be placed on the same team at parent's request – they must be in the same age division)

Shirt Size YXS YS YM YL YXL AS AM AL AXL (Circle One)

Skill Level Beginner Intermediate Experienced ... Yrs Played _____

Rate your basketball player 1 2 3 4 5 (1 – New Player ... 5 – SKILLED player)

Age Division 4U (3-4) 6U (5-6) 8U (7-8) 10U (9-10) 12U (11-12) (Circle One)

COACHING INFORMATION

Are you willing to coach? YES NO How many years have you coached? _____

Your Name _____ Number _____

Email _____ Shirt Size S M L XL 2XL 3XL 4XL

Coaches Meeting is MANDATORY! Meeting is 6:30 pm Thursday (12/30) at The Redbud Y.

TEAM SPONSORSHIP INFORMATION

Are you willing to sponsor your team? YES NO (Sponsorship is only \$100)

Name: _____ Phone Number: _____

Name to be printed _____

(Sponsor's Company Name will be printed on the back of that team's jerseys)

YMCA REFUND POLICY & WAIVER

I hereby give my consent for this child to be photographed for publicity purposes *(the photos will only be used for YMCA or United Way purposes)*. I understand that all written requests **MAY NOT** be honored *(certain coaches, players, practice days, etc.)*. **NO REFUNDS will be given because of an unwanted practice time, not being placed on a requested team or not getting a requested coach.** Some refund requests made at least 10 days before the first practice will be refunded 100%, after the first practice no refunds will be given. By my signature and my free will, I do hereby agree to indemnify and save harmless the YMCA of Abilene from any and all claims or demands, costs or expense arising out of any injuries or damages sustained by me or any party to or for whom I am responsible.

Signature: _____ Date: _____

(Parent or guardian)

FOR OFFICE USE ONLY: Amount Pd _____ Receipt # _____ Date _____ Initials _____