

Pee Wee Basketball Sign Up—2024

Participants: Ages 4 up through Kindergarten

Important Dates:

Registration starts — September 19th

Basketball Skills Runs 7 Saturdays

Oct. 26—Dec. 7

Saturdays: 9:30-10:30 AM at the Y

Registration Fee: \$30 Y Member/\$46 Participant

We need parents to coach/teach the skills and if you coach your fee is discounted by 50%

YMCA Basketball Skills Program will meet on 7 Saturdays, beginning Oct. 26 from 9:30-10:30 AM at the Randolph County Y.

Parents—We need your help as a coach to run this program. The Y provides the training needed.

Questions?

Call The Randolph County Y at 765.584.9622 or email tom.byrum@comcast.net

2024 Pee Wee Basketball Registration Form

Name of Participant: _____ **DOB** ____/____/____

Age: _____ **Gender:** _____ **Grade:** _____ **Allergies:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **E-Mail:** _____

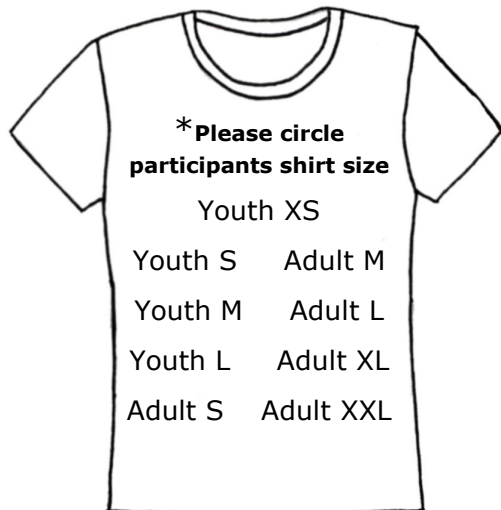
Father: _____ **Phone:** _____

Mother: _____ **Phone:** _____

Additional Emergency Contact: _____

Phone: _____

(In case neither parent can be reached)



Yes, I will help as a Coach

Coach's Name: _____

Coach's Phone # _____

Coach's Shirt Size _____

The Y provides online training and additional training materials for first time coaches !!!

Randolph County YMCA
1521 E. Washington Street
Winchester, IN 47394



Please read carefully before signing

I understand there is an element of risk associated with this program. Relying on the supervision and instruction of those representing the Randolph County YMCA, I hereby accept any and all injuries illness or occurrence resulting from participation in this YMCA program. I further attest that the above participant is physically fit and does not have any prior medical condition that may be aggravated by participating in the above program. I will also have the participants medical condition verified by a licensed medical doctor if deemed necessary.

By signing this form, I agree to pay all fees associated with the program. Date ___/___/___

Parent/Guardian Signature

Photograph Permission: By initialing this release, I give the Y permission to use photographs of myself and/or my family for stories/publications. Initial _____

Office Use Only

Y Member \$29 Date Paid ___/___/___

Program Part. \$44 Cash _____

Check # _____

Scholarship _____% Credit/Debit _____