

# Pee Wee Basketball Sign Up—2025

**Participants:** Ages 4 through Kindergarten

**Important Dates:**

Registration starts — September 22<sup>nd</sup>

Pee Wee Basketball Runs 7 Saturdays

Oct. 25 — Dec. 13

\* We will not meet on November 29<sup>th</sup> \*

**Time:** 9:30-10:30 AM

at the Randolph County Y

**Registration Fee:** \$32 Y Member/\$48 Participant

**YMCA Pee Wee Basketball Program will meet on 7 Saturdays, beginning October 25th from 9:30-10:30 AM at the Y.**

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

***If you coach your fee is discounted by 50%***

**Questions?**

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

## 2025 Pee Wee Basketball Registration Form

**Name of Participant:** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

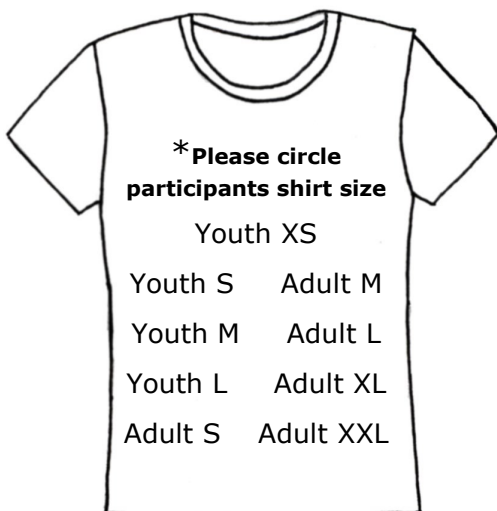
**Mother:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Additional Emergency Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Parents May Order Family Shirts at a cost of \$15 per shirt**

**# of Shirts** \_\_\_\_\_ **Sizes:** \_\_\_\_\_



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	\$32	Date Paid	___/___/___
Program Part.	\$48	Cash	_____
		Check #	_____
Scholarship	_____%	Credit/Debit	_____