Basketball Skills Sign Up—2026

Participants: 1st—3rd grade

Important Dates:
Registration starts — September 18th
Basketball runs 7 Saturdays
Oct. 24 — Dec. 12
We will not meet on November 28th

Time: 11:00 AM - 12:00 PM
at the Randolph County Y

Registration Fee: $34 Y Member/
$50 Participant

YMCA Basketball Skills Program will meet on 7 Saturdays, beginning October 24th from 11 AM –Noon at the Y.

Focus will be on skill development the first 4 weeks. Players will scrimmage during the final 3 weeks.

We need parents to coach/teach the skills
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

2026 Basketball Skills Registration Form

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

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

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

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

Father: _____ **Phone:** _____

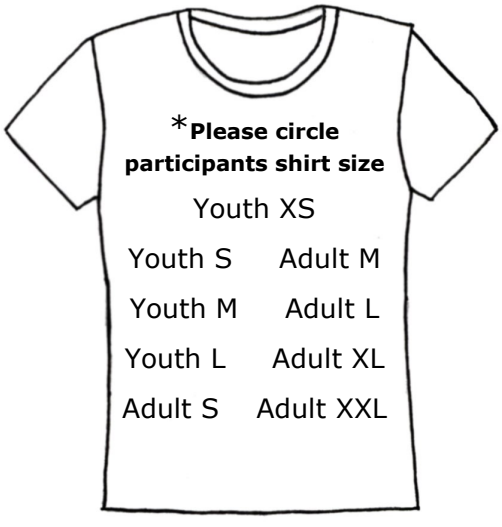
Mother: _____ **Phone:** _____

Additional Emergency Contact: _____

Phone: _____
(In case neither parent can be reached)

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	$34	Date Paid ___/___/___
Program Part.	$50	Cash _____
		Check #_____
Scholarship	_____%	Credit/Debit _____