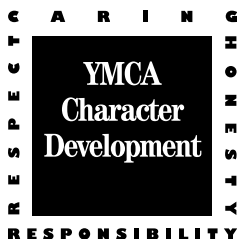


2009/10 YMCA YOUTH BASKETBALL LEAGUE

The basketball program, like all YMCA youth activities, is designed to provide a positive approach to the game for players in Plattsburgh and the surrounding area. The goals of YBL are to:

- * teach skills
- * teach teamwork
- * allow everyone to participate
- * reinforce sportsmanship attitudes & safety
- * encourage family involvement
- * HAVE FUN!!



THE PROGRAM STRUCTURE

- * Jr. Passers Grades 1-2
- * Passers Grades 3-4

STARTING DATE

Week of December 7th
The program will run for 8 weeks.

www.plattsburghymca.com

PRACTICES (please read)

Practices will be held at the YMCA **and/or** another nearby location. Scheduling will be done by the coaches (each player will be contacted by their coach). Practice times will be held afterschool and will run for approximately 1 hour, there may also be some Saturday morning practices (held at the YMCA). Teams practice **twice per week** *Space is provided on form for letting us know which days or times are not good for you.*

SCRIMMAGES/GAMES

Scrimmages/games will be scheduled by the coaches and may be held on different days from original practice days/times and will begin in January.

REGISTRATION

On going until December 1st

*FEES

\$35 - YMCA Members
\$60 - Non-Members

*FEES include the following:

- ~ team T-shirt/uniform
- ~ **Specially designed YMCA basketball for every child in program** (should be brought to practices)
- ~ Award (medal or trophy)
- ~ pizza/swim party at end of season

Volunteers are needed to coach both levels. Please indicate on the back of this registration form if you would be willing to coach or assist with coaching.

*Please mail or bring form with payment to the YMCA

PROGRAM REGISTRATION

office use only:
 \$35 member fee _____
 \$60 non-member fee _____

 Date: _____

 Staff Initials: _____

Please provide the following information:

CHILD'S NAME: _____

ADDRESS: _____

GRADE: _____ AGE: _____

SEX: _____ SHIRT SIZE _____

SCHOOL: _____

HOME PHONE: _____

WORK PHONE: _____

PARENTS NAME (S): _____

EMERGENCY CONTACT:

PHONE: _____

Does your child have any medical conditions that our coaches should be aware of? If so, please indicate below.

~ no refunds, except for medical reasons ~

We need your help!

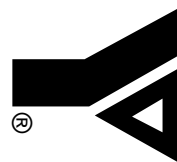
I will be interested in helping to:

Coach ___ **Name** _____

Assist ___ **Name** _____

I hereby certify that my child is in normal health and is capable of participating in the YMCA sport activity.

(Parent/Guardian's signature)



Plattsburgh YMCA
17 Oak Street
Plattsburgh, NY 12901

PLATTSBURGH YMCA YOUTH BASKETBALL LEAGUE

2009/10

Begins week of December 7th



***For boys and girls in
1st - 4th grades***

The Plattsburgh YMCA.
We build Strong Kids, Strong Families,
Sstrong Communities.

