

Youth Basketball League Volunteer Registration

Due to the nature of YMCA Youth Sports, volunteer coaches are essential. We invite all parents, no matter how much or little experience, to take an active role in the athletic and character development that we encourage through this program. In order to be better prepared for the season, we would appreciate your attendance at the Coaches' Training. You will be informed about the procedures, philosophy, and purpose of YMCA Youth Sports. Coaches will be expected to attend all games or coordinate with a replacement.

Coaches' Training

Date: October 16

Time: 6:00 p.m.

Location: Parkview Warsaw YMCA
Multi-Purpose Room

Yes, I want to be a Coach

I will have conflicts with 1-2 games.

I should be able to make all games.

I want to coach with: _____

In order to protect the youth in our community we will be running background checks on volunteer coaches. Please include your full name and birthdate. You will also be required to sign a code of conduct.

Information for background check

Legal Name _____

E-mail _____

Cell phone (____) _____

Birthdate _____

Gender Male/Female



KOSCIUSKO COMMUNITY YMCA
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www.kcymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING CHARACTER & CONFIDENCE



Youth Basketball League
Division 1 & 2
Ages 3 to 1st grade

KOSCIUSKO COMMUNITY YMCA

YOUTH DEVELOPMENT: Youth Basketball

Basketball Leagues

Division I: Preschool (Ages 3 – 4 yrs old)
Division II: 5 yrs old – 1st Grade

Practice and Games

There will be a 20-25-minute practice followed immediately by a 20-24-minute game on Saturday mornings at the Parkview Warsaw YMCA gym.

Dates

Registration Dates: August 14-October 15
Coaches Training: October 16
First Game: October 21
Picture Day: October 21
Last Game: December 2
 No games November 25

Fees

Members: \$37
Community Members: \$63
Late Fee after October 15: \$10

Jerseys

Youth Sports Jerseys will be purchased separately and can be worn for multiple sports and seasons. Each child will need a jersey as t-shirts are not provided: \$10 at the Welcome Center.

Game times and team assignments will be posted at www.kcymcasports.org

Late Registration Fee: \$10

Please understand that due to the significant amount of time required to prepare for this program, we will assess a late fee of \$10 after October 15. After this deadline, we finalize the team rosters and assign coaches. After this point there is also the possibility that the league will be full and registration will be closed.

Division Specifics

Division I will be played on a 5 ft. mini-hoop with a size 3, 22 in. ball. Division II will be played on a 8 ft. high hoop with a size 5, 27.5 in. ball. If you feel your child needs to play up a division due to their skill level, please sign up for that division.

**For more information, contact
Zane Gard at zgard@kcymca.org**

YMCA Youth Sports Pillars

Safety First: Through safe equipment, quality facilities, and modified game play, your child will be prevented from injury as much as possible.

Everyone Plays: Your child does not need to try out, and your child will not be cut from the team. After you register, he or she will be assigned to a team. Throughout the season, everyone on your child's team will receive equal playing time.

Fair Play: Your child will learn that playing fairly is more than just following rules. They will see other parents and players showing respect for all involved, and will have coaches who model good sportsmanship.

Positive Competition: Your child will learn to compete against others and cooperate with others to achieve their goal.

Family Involvement: Parent involvement in programs is essential. In addition to attending and being positive at games and practices, parents are encouraged to volunteer as coaches.

Sport for All: Your child is offered program participation regardless of their race, gender, religious creed, or ability.

Sport for Fun: Your child will have fun! Fun will always be emphasized over winning.

Youth Basketball League Registration Information

Child's Name _____

Address _____

City _____ State ____ Zip _____

Parent(s) name(s) _____

Adult Cell Phone (____) _____

2nd Adult Phone (____) _____

Adult E-Mail _____

Communication from the Director will be via text or email.

Child's Birthdate ___/___/___ Age ___ Grade ___

Gender (M / F) School _____

Division(circle): I (3-4 yrs) II (5 yrs-1st gr.)

Years of Experience _____

Emergency Contact _____

Phone (____) _____

If possible, please place me on

_____ 's team for this reason

Agreement

I hereby certify that my child is in normal health and capable of safe participation in this sports program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached. I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

Allergies or medical conditions I want Y staff to be aware of _____

Signature of parent or guardian _____ /____/____
Date