

2008

Youth

Basketball



Basketball Leagues:

- U6 Coed League (4-5 yrs old)
- U8 Coed League (6-7 yrs old)
- U10 Boys League (8-9 yrs old)
- U10 Girls League (8-9 yrs old)
- U12 Boys League (10-11 yrs old)
- U12 Girls League (10-11 yrs old)
- Middle School Boys (6, 7, 8th)
- Middle School Girls (6, 7, 8th)

Important Information and Program Policies

Refunds: Full refunds will be granted if the YMCA cancels a program. Otherwise a request for a refund must be made in writing before uniforms are ordered. A \$5 fee will be assessed for processing of refunds made before uniforms are ordered. After uniforms are ordered, refunds will not be given out. Refunds can be made as a system credit good toward YMCA membership or other programs or in the form of a check. Checks will take up to 10 days to process.

Pre Season Clinic: A preseason clinic will be available to all program participants free of charge. Basketball skills will be taught by volunteers including the coaches, high school players and other knowledgeable individuals. It is our hope that all participants attend so everyone starts with the same basic knowledge of necessary skills. The clinic is not a try-out and teams will not be divided that day.

Coaches: All coaches undergo a criminal background check and are cross referenced with the registry of known sex offenders. Coaches attend a preseason meeting and assist with team division. Coaches do not have to be highly skilled in basketball, but do have to have a passion for assisting the children in our community to learn new skills, make new friends, and have some fun.

Team Division: All participants will be divided initially by age. An individual can play up but will not be able to play down in a lower age group. In an effort to have teams of equal ability, players will be divided by age, experience, size, etc. Siblings should request the same team. If individuals are coming to play from farther than 20 miles away, the parents may request up to three individuals be placed on the same team for the purpose of sharing rides to practices and games. **Please do not make special requests for certain coaches or teammates outside of those situations. They will not be considered.**

Uniforms: The YMCA will provide a team t-shirt that must be worn during all games. Athletic (basketball) shorts and gym shoes are required and are the responsibility of each participant to purchase.

Practices: Weekly one-hour practices will be held. The coach will schedule practices. If there is a weekly conflict with a certain evening, please indicate that on the appropriate section of the registration form before turning it in.

Games: Eight regular season games will be scheduled for each team. A single elimination tournament will also occur for the U10, U12, and Middle School age groups. No tournament will occur for the younger leagues.

Photographs: Team pictures will be scheduled once all uniforms have been received. You are not required to buy photos, but we request that every team member be present for the team photo.

Awards: All participants will receive recognition of their achievement and hard work during the basketball season in the form of a medal. The tournament winners will receive additional recognition in the form of a trophy.

YMCA OF CLAY COUNTY
225 E. Kruzan
Brazil, IN 47834

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Detach this portion for your records

WHO: Divisions are based on youth's age at the preseason clinic 10/1/2008.

U6 Coed League (4-5 years old) Practice/Games Sat am (Child must be 4 yrs old by 11/1/08 to participate)
U8 Coed League (6-7 years old) Games on Sat am
U10 Boys League (8-9 years old) Games Sat am/early pm
U10 Girls League (8-9 years old) Games Sat am/early pm
U12 Boys League (10-11 years old) Games Sat early pm
U12 Girls League (10-11 years old) Games Sun early pm
Middle School Boys League * Games Sun early pm
Middle School Girls League * Games Sun early pm
* Individuals in school sports must have school coach's permission to participate on YMCA teams .

WHEN: (Tentative)

The Preseason Clinic will be Wednesday October 1, 2008
U6-U8 6:00pm; U10-U12 7:00pm. No Middle School Preseason Clinic.
Practices will start as early as October 7th. Games will tentatively begin Saturday, November 1st and Sunday November 2nd.

WHERE: YMCA Mendenhall Gymnasium

REGISTRATION:

September 2, 2008 through September 28, 2008
Late Registration is from September 29 through October 2, 2008
A waiting list will be taken after October 2nd. These players will be placed on teams if openings occur.

SEE: * See Refund Policy on back page
\$30.00 for youth who are YMCA Members
\$60.00 for youth who are Non-members
\$10.00 additional for late registration

COACHES:

Individuals interested in coaching should call Deb Plummer at the YMCA and pick up a Coaching Packet. Interested Coaches should also plan on attending the Preseason Clinic on October 1st and Coaches Meetings Oct 6th or October 8th.

SPONSORSHIP:

Sponsorship is \$100.00 per team. The business name will go on the back of the team shirts. We also provide a thank you plaque for you to display in your business. Interested sponsors should contact Deb Plummer.

FINANCIAL ASSISTANCE:

Financial assistance is available to families who qualify. Please ask about our scholarship programs at the member services desk. Applications made after Sept 28th will still be subject to a \$10 late fee.

FOR MORE INFORMATION :

Call Deb Plummer at the YMCA (812) 442-6761 or email us at sports@claycountnymca.org

2008 YMCA Winter Basketball Registration

Child's Name: _____ Birth Date / / Age on 10/2/2008 _____ Sex: M F

Address: _____ City _____ Zip _____

Home Phone # (____) _____ Email Address: _____

Parent/Guardian _____ Home Phone _____ Work # _____ Cell # _____

Parent/Guardian _____ Home Phone _____ Work # _____ Cell # _____

Emergency Contact: Name _____ Relationship _____ Phone # _____

Grade: _____ Height: _____ # of prior seasons as player: _____ Siblings in this age group: _____

League: Circle League you choose for your child: U6 (4-5yrs) Coed U8 (6-7yrs) Coed U10 (8-9yr) Boys
U10 (8-9yr) Girls U12 (10-11yr) Boys U12(10-11yr) Girls Middle School Boys Middle School Girls

My child has a conflict with practice on the following night: Mon Tues Wed Thurs Fri
T-shirt Size: Circle size we should order, typically order one size larger than usual shirt size.
Youth Sizes: S (6-8), M (10-12), L (14-16) Or **Adult Sizes:** Small, Medium, Large, XLarge

Volunteer: I am willing to participate as a volunteer in support of this program as a: (Circle one or more)
Coach (Shirt Size _____) Assistant Coach (Shirt Size _____) Scorekeeper

Sponsorship: I recommend that you contact this person /business for possible sponsorship of my child's team:

Business Name: _____ Contact Name _____ Phone # _____

PARENT AUTHORIZATION

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. My child has permission to engage in all prescribed activities. I assume all risks and hazards incidental to the conduct of this program and transportation to and from practices and games. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection for my child. I understand that I am responsible for all medical expenses incurred by my child, and will not hold the YMCA of Clay County liable. I also give permission for my child's picture or video image to be used in YMCA program related brochures, flyers or posters. I support the YMCA Youth Sports Philosophy which is based on participation, fun, physical fitness, skill development, teamwork, fair play, family involvement and volunteer leadership. I understand that coaches and game officials deserve RESPECT. They make mistakes as we all do, but like us, they try their best and we have a responsibility to help teach RESPECT to our children. I will not yell criticism at officials or coaches. I understand that inappropriate behavior is subject to penalties, including suspension from attending games.

Signature of parent/guardian _____

_____ Date

FOR OFFICE USE ONLY

Date: _____ Amount Paid: _____ Receipt Given to parent: Yes or No Staff Member Initials _____

