

YMCA Youth Sports 2010 Winter Basketball

SPIRIT BASKETBALL

Grades 4-8
Information and Registration Available On-Line
September 1
Any questions, contact Rhonda Rhodes
402-434-9214
rrhodes@ymcalincoln.org

CLINIC/MICRO/RECREATIONAL BASKETBALL

LEAGUE

Basketball Clinic Grade 1
Fundamentals, instruction and activities one hour a week.
Micro Basketball Grade 2
3 vs 3, small court, 25 minute practice, then 24 minute game.
Recreational Basketball Grades 3-8
5 vs 5, practice once a week and game once a week.

SEASON

Basketball Clinic 4 weeks starting January 17
Micro Basketball 6 weeks starting January 16/17
Recreational Basketball 8 weeks starting January 9/10

GAME DAYS

Basketball Clinic Sunday afternoons
Micro Basketball Saturday/Sunday afternoons
Recreational Basketball Saturday/Sunday afternoons

SITES

Basketball Clinic East High School
Micro Basketball Lincoln Public Schools
Recreational Basketball Lincoln Public Schools

JERSEY/EQUIPMENT/OTHER

Basketball Clinic
T-shirt additional \$8.00, not required.
Micro Basketball
T-Shirt included in registration fee. Mouth guard recommended.
Recreational Basketball
Official navy/white reversible jersey is required. If needed, indicate on the registration form and include \$15.00. Mouth guard is recommended.

STACY'S BASKETBALL

Grades 9-12
Information and Registration Available On-Line
October 1
Any questions, contact Troy Pekas
402-434-9215
tpekas@ymcalincoln.org

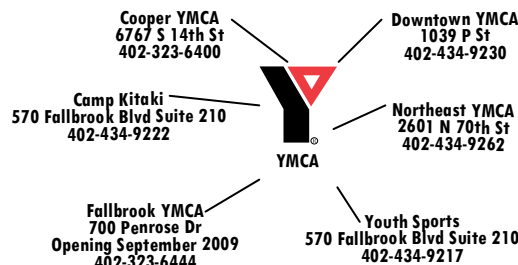
Online Registration is Available for Winter Basketball
www.ymcalincoln.org/youth

You may register online at ymcalincoln.org. Your family pin number/individual barcode (located on the mailing label) are needed.

No deductions can be taken when registering online.

If you have any questions, call YMCA Youth Sports Office 402-434-9217.

Lincoln YMCA offers many membership opportunities and programs. Visit the YMCA website or call for details.



YMCA Youth Sports

Complete Registration Form
and Return To:

YMCA Youth Sports
570 Fallbrook Blvd Suite 210
LINCOLN, NE 68521

If you have any questions,
call the YMCA Youth Sports Office
402-434-9217
Monday-Friday
8:00 a.m.-5:00 p.m.

| WINTER BASKETBALL MUST BE POSTMARKED BY: | Grade 1 Clinic | | Grade 2 Micro | | Grades 3-8 Recreational | |
|---|--|-------------------|--|-------------------|--|-------------------|
| | CIRCLE REGISTRATION FEE LINC YMCA MEMBERS | COMMUNITY MEMBERS | CIRCLE REGISTRATION FEE LINC YMCA MEMBERS | COMMUNITY MEMBERS | CIRCLE REGISTRATION FEE LINC YMCA MEMBERS | COMMUNITY MEMBERS |
| EARLY REGISTRATION SEPTEMBER 9-OCTOBER 9 | \$22 | \$32 | \$25 | \$37 | \$35 | \$48 |
| 2ND REGISTRATION OCTOBER 10-NOVEMBER 6 | \$27 | \$37 | \$30 | \$42 | \$40 | \$53 |
| LATE REGISTRATION NOVEMBER 7 (no guarantees) | \$47 | \$57 | \$50 | \$62 | \$60 | \$73 |

T-SHIRT: CLINIC: \$8.00 EXTRA (NOT REQUIRED) MICRO: INCLUDED RECREATIONAL: \$15.00 JERSEY IF NEEDED (NAVY/WHITE)

\$ _____ Registration Fee
\$ _____ Deductions (\$2.00 deduction can be taken if registering more than one child)
\$ _____ \$15.00 Recreational Basketball Jersey or \$8.00 Basketball Clinic T-Shirt
\$ _____ Donation to YMCA Strong Kids Campaign to Help Families in Need
\$ _____ TOTAL PAID

To pay by CREDIT CARD: MC _____ VISA _____ Amount Charged \$ _____
Card Number _____ Exp Date _____
Card Holder's Signature _____

This is a change of address and/or phone number from last registration. Yes No
YMCA has my permission to use videos/photographs of me or my family members for promotional material. No

Player's Information

Last Name _____ MI _____ First Name _____ Gender _____ Birthday M/D/YR _____ School _____ Grade 2009/2010 _____

Parent/Guardian Information (to be printed on team rosters)

Last Name(s) _____ First Name _____ Address _____ City _____ State _____ Zip Code _____

Relationship to Player _____ Home Phone _____ Work Phone (mother/father) _____ Cell _____ Email Address _____

VOLUNTEER COACHES

By agreeing to participate as a volunteer coach, you are giving the Lincoln YMCA permission to conduct a review of your background which may include a criminal history check.

I would like to be: Head Coach _____ Assistant Coach _____

Name: _____

Address/Phone # if different than above: _____

T-Shirt Sizes (circle one): YS (6/8) YM(10/12) YL(14/16) AS AM AL XL

_____ Yes I played last season and would like the SAME team.
_____ Yes I played last season and would like to CHANGE teams.

Friend/School Request: _____
(No Guarantees)

Coach/Team Request: _____
(No Guarantees)

Parent Permission & Release:

I release the Lincoln YMCA and its coaches from all claims of any injuries which may be sustained by above child while participating in any YMCA sponsored activity. If medical attention is required, I give permission for such medical care.

Character Development Creed for Youth Sports Families & Players:

Today we will strive to be caring, accept our responsibility, show respect to all others and be honest in all we do.

Signature _____ Date _____