



KLEPTZ YMCA YOUTH WINTER BASKETBALL

Register at the Kleptz YMCA
or online at
www.daytonymca.org
Contact:
Sports Director, Darrin Roth
droth@daytonymca.org
(937) 832-5463

Hit the hardwood with the folks who invented the game - the Y! The YMCA Youth Basketball program offers leagues for kids of all ages from 3 through high school. Participants should anticipate a challenging program that focuses on fundamentals, good sportsmanship and fun.

Practices begin the week of January 17, and games begin January 29.

Practices will be held on a week night with games primarily on Saturdays. Due to gym availability, there might be a rare occurrence when a game must be scheduled during the week.

A parent meeting will be held after registration ends to go over the season and answer any questions. It is very important we have your correct contact information to be able to relay season information through our sports management platform, Playerspace.

We try to honor all special requests but cannot guarantee that all requests are met.

League Registration 8 Game League

Early Bird Registration Deadline:
December 3, 2021

League Registration Deadline:
January 3, 2021

Early Bird Registration Fees:
League Fee: \$82
YMCA Member Fee: \$41

Registration Fees AFTER December 3:
League Fee: \$102
YMCA Member Fee: \$51

League Details

Ages: 3-High School

Divisions: U4 (ages 3-4), U6 (ages 5-6), U8 (ages 7-8), U10 (ages 9-10), U12 (ages 11-12), Jr High Grades 7 & 8 High School Grades 9-12

Practices Start:
Week of January 17, 2022

Games Start:
Saturday, January 29, 2022

League MAY Travel, if partnering with YMCA's in the Greater Dayton Association



KLEPTZ YMCA YOUTH WINTER BASKETBALL

Participant's Name _____

Gender ___M ___F Age _____ Birth date _____

Address _____

City _____ State ___ Zip _____

Parent/Guardian's Name _____

Cell Phone _____ Cell Phone Carrier _____

Email _____

Check the correct age group (team sports only): 4U___ 6U___ 8U___ 10U___

12U___ Jr High___ High School___

Emergency Contact Name _____

Phone _____ Relationship _____

Special Request _____

(We cannot guarantee all special requests but will try to accommodate whenever possible—preferred practice day, coach, etc.)

Medical Conditions _____

Years of Exp. _____

May we have one of our mission advocates contact you about helping a financially disadvantaged child participate in our program? _____Yes _____No

Please circle proper T-shirt Size (team sports only): YS YM YL AS AM AL AXL A2X Other_____

1. I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and will provide for transportation to and from the 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.
2. I support the YMCA youth sports philosophy, which is based on participation, fun, physical fitness, health and leadership.
3. I give permission for my child to be photographed or videotaped for in house use, newspaper, television, or any other form of media.

Parent/Guardian/Participant Signature _____ Date _____

Attention Parents: Our programs rely on volunteer coaches and assistant coaches. Even if you don't have experience, YMCA staff and volunteers can help you get started. Please fill out the information below if you are willing to volunteer.

COACH

ASSISTANT COACH

REFEREE

Name _____

Cell Phone _____ Age Group _____ Shirt Size _____

Email _____