



# Sandusky County YMCA

# 9-10 yr old



# Basketball League



The basketball league is divided into a boy's league and a girl's league. Teams will practice twice a week until games begin. Once games begin, practices will be once a week with games played on **Saturdays**.

Fundamentals to be taught: Position and movement, Ball handling skills (passing, receiving, dribbling, shooting), Defensive skills, and Rebounding. Each participant will receive a reversible NBA jersey. **There will be a draft for the boys league to decide who is on each team.**

### Volunteer Coaches are needed

**Cost: \$45 Members / \$65 Non-Members**

**Registration: Aug 28 - Oct 2\***

\*Registration after date are not guaranteed team placement and/or jersey

**Program runs Oct 9 - Dec 16**

**Games begin Nov 4**



**QUICK FACTS**

- Coaches meeting on Wed. Oct 4
- Practices begin week of Oct 9
- Practices twice a week until games begin
- Games begin November 4
- Picture Days/Times TBA

**Questions? Contact Ryan at 419.332.9622 or RyanF@frymca.org**



Name:	Grade:	School:	DOB:	Gender: M F
Address:	City:		Phone:	
Child's T-Shirt Size (circle one):	Y Sm (6-8)	Y Med (10-12)	Y Lg (14-16)	Ad Sm Ad Med Ad Lg
Parent/Guardian Name:				
Email (used for updates and communication):				
<input type="checkbox"/> YES, I am willing to serve as a volunteer: <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee				Shirt Size: _____

Sandusky County YMCA Waiver: I hereby authorize the staff of the Sandusky County YMCA to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Sandusky County YMCA from any and all liability for injuries or illnesses incurred while participating in its programs. I understand that participation carries some risk of injury. All participants must disclose any/all communicable diseases/conditions on medical waiver prior to first practice. The Sandusky County YMCA is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the participant's family. The YMCA will be taking pictures. I hereby grant permission for program participant to be photographed and for the photograph to be used for promotional purposes by the Sandusky County YMCA.

**Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**



**Please return form to the YMCA front desk or mail with payment to:  
Sandusky County YMCA – 1000 North St. – Fremont, OH 43420**

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