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Pee Wee Basketball League SANDUSKY COUNTY YMCA

This is a co-ed program for children ages 4-6 year old. Practices are once or twice a week for one hour with games on Saturdays mornings, starting at 9 a.m.. Rims will be lowered to 6 ft. Program t-shirt is included with registration . Fundamentals to be taught: Position and movement, ball handling skills (passing, dribbling, shooting), defensive skills, and rebounding. Practice times and days are determined by our volunteer coaches. We will try, but cannot guarantee to accommodate requests. Registrations received after the registration deadline cannot guarantee team placement and/or t-shirt. Volunteer coaches are always needed and appreciated!

REGISTRATION: December 4 - Jan 7

SEASON: January 15 - March 24

PARENT T-SHIRT (optional): \$12

COST: Member Fee: \$18
Non-Member Fee: \$38

Questions, contact Ryan at RyanF@frymca.org or 419-332-9622

QUICK FACTS

- Coaches meeting on Wed. Jan 10th
- Practices twice a week until games begin
- Games begin on Saturday, Feb 17
- Picture Days/ Times TBA

SANDUSKY COUNTY YMCA - 1000 NORTH ST - FREMONT, OH - 43420 - 419-332-9622 - www.ATtheY.org - find us on Facebook!!

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:				Request:			
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**

