

CHANGE A CHILD'S LIFE

Remember a Coach that made a difference in your life?

Without volunteer coaches, we would not be able to offer our quality Youth Sports Programs. No experience necessary and the majority of our coaches are parents with a similar philosophy to the Y: sportsmanship and fun are primary goals; winning and losing are secondary.

Our insurance company has mandated that we do a background check on all of our volunteers who work with kids. When you complete the "Volunteer Coach" form below, you will be authorizing the Y to do a reference check.



VOLUNTEER COACH 1 REGISTRATION

FIRST NAME: _____ LAST NAME: _____

PHONE: _____

EMAIL: _____

MALE FEMALE DATE OF BIRTH _____

VOLUNTEER COACH 2 REGISTRATION

FIRST NAME: _____ LAST NAME: _____

PHONE: _____

EMAIL: _____

MALE FEMALE DATE OF BIRTH _____

The responsibilities of a coach include promoting the Y philosophy to players, making sure all children get equal playing time, attending a coaches meeting and using yourself as a model of sportsmanship and fair play. The Y will provide you with all the resources you will need to effectively lead a young team through a successful season.



TEAMMATES FOR THE FALL FRIENDS FOR LIFE.



FALL YOUTH BASKETBALL LEAGUE
SPENCER FAMILY YMCA
1st - 6th Grade

YOUTH BASKETBALL LEAGUE FALL 2018

WHO:

Boys & Girls 1st - 6th Grade

WHEN:

October 22 - December 15

Practices: Start week of October 22

Games: Start Saturday, November 3

DIVISIONS

GRADE	BOYS	GIRLS	SESSION
1st-2nd	#03171	#03183	18MM
3rd-4th	#03156	#03185	18MM
5th-6th	#03149	#03146	18MM

WHERE:

Practice: Lincoln Elementary School or Spencer Family Y

Games: Spencer Family Y

**REGISTRATION DEADLINE
OCTOBER 15**

FEES:

Member: \$30

Program Participant: \$60

UNIFORM:

All players will receive a shirt to be worn on game days.

UPDATES & INFORMATION:

Follow the Facebook page: Spencer Family YMCA

QUESTIONS:

Contact Paige Gaedke at pgaedke@spencerymca.org

REGISTRATION

DIVISION		MEMBERSHIP		SHIRT SIZE	
<input type="checkbox"/>	1 st -2 nd	<input type="checkbox"/>	Boy	<input type="checkbox"/>	Youth Sm
<input type="checkbox"/>	3 rd -4 th	<input type="checkbox"/>	Girl	<input type="checkbox"/>	Youth Med
<input type="checkbox"/>	5 th -6 th	<input type="checkbox"/>		<input type="checkbox"/>	Youth Lg
		<input type="checkbox"/>	Y Member	<input type="checkbox"/>	Youth XL
		<input type="checkbox"/>	Program Part.		

PLAYER INFORMATION

First Name	Middle Initial	Last Name
Street Address		
City	State	Zip
Birthdate	Age	
Grade	School	

PARENT INFORMATION

Name: _____

Phone: _____

Email: _____

Liability Waiver

I knowingly register my child for this activity and do so at my own risk and personally assume responsibility for any injuries or other damages that may incur as a direct result of their participation. I understand that my child may be included in promotional photos.

This waiver needs to be signed for your child to participate in the Spencer Family YMCA Basketball League.

Parent Signature: _____

Date: _____

FOR OFFICE USE ONLY	Date:	_____
	Check	Cash Credit Card Amount Paid
	Receipt#:	_____