

NEWTON YMCA PRESENTS

BASKETBALL

YOUTH LEAGUES



Clemon-Maki

SATURDAY GAMES

STARTING NOV 11

(PRACTICES BEGIN WEEK OF OCT 30)

GRADES 2-3 & 4-6; GIRLS & BOYS DIVISIONS

\$35 Y-MEMBERS; \$50 NON-MEMBERS

MORE INFO VISIT : NEWTONYMCA.ORG/BASKETBALL.HTML



Newton YMCA 2023 Fall 2 Youth Basketball League



Who: Boys/Girls Grades 2nd – 6th (Divisions: 2-3, 4-6) Separate boys and girls divisions.
Practice: Practice Begins week of October 30th (Practice on a weeknight determined by the coach)
Games: **Saturday Morning/Afternoon** (one weeknight game)
When: November 11 - December 16 (No games Nov. 25 - Happy Thanksgiving!)
Fees: \$35 Y Members, \$50 Community Members
Deadline: Oct. **24**, 2023

Questions? Contact Scott Taylor, Sports Director at (641) 792-4006 or scott.taylor@newtonymca.org

YMCA Fall Youth Basketball– 2023

Name: _____ Gender: _____ Grade (Fall 2023): _____
 School: _____ Height: _____ Weight: _____ Birthdate: _____
 Address: _____ City: _____ Zip: _____
 Parent Name(s): _____ Phone#: _____
 Email: _____ Cell#: _____
 Emergency Contact: _____ Phone#: _____ Relationship: _____

T-Shirt Size (circle): **Youth:** 6-8 (S) 10-12 (M) 14-16 (L) **Adult:** S M L XL

Please give a brief description of athletic ability, personality, size and other factors which may help us divide teams equally.

Parental Release Agreement

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 for the 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.

I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

I give the Newton YMCA permission to obtain pictures of my child while competing for the purposes of marketing the program.

Signature of Parent/Guardian _____ Date _____

I am willing to **volunteer** in support of this program as a: Coach Co-Coach Referee Concessions

Name _____ Phone _____ T-shirt Size _____

OFFICE USE:	Amt Pd: \$	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	<input type="checkbox"/> Charge	Receipt # 01
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NEWTON YMCA

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