



Having FuN

As A

Team

Winter 2020 Mighty Mights Basketball League

 **(Kindergarten & 1st Grade League)**

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**Shoot &**

**score**

**Mighty Mites Youth Basketball League**

Don’t miss out on this fun and exciting league! Mighty Mites will meet six consecutive Saturday afternoons beginning January 18th. The first two meetings are forty – five minute practices. February 1, February 8, February 15 and February 22 we will have a short warm-up followed by a game.

**Who:** Kindergarten & 1st Grade Boys & Girls

**Where:** YMCA Small Gym

**When:** Practice January 18and January 25 afternoon

 Games played Feb. 1, Feb. 8, Feb 15 & Feb 22

**Fee:** Before Dec. 18 $28 Member/$49 Nonmember

 Beginning Dec. 18 $43 Member/$59 Non-member

**Contact:** Scott Taylor at scott.Taylor@newtonymca.org

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 **Winter Mighty Mites Basketball League – 2020**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_ Grade**:** \_\_\_\_\_\_\_\_\_\_\_

Address: City: Zip:

Parent Name(s): Phone#:

Email: Cell#: School:

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.

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**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