

****

the ball

is in our

Court

SPORTS & RECREATION

Winter 2018

Mighty Mites Kindergarten Basketball

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiMmc6hqMbXAhVFWCYKHYC-BcoQjRwIBw&url=http://watertownymca.org/programs/60-youth-basketball-league&psig=AOvVaw2P0ZL0IxfkYuzzHKLZWPgr&ust=1511032309881323)



**Shoot &**

**score**

**Mighty Mites Basketball**

Don’t miss out on this fun and exciting program! This program entails skill building and fun games on Saturday afternoons. Having fun and learning skills is the focus! Volunteer coaches will instill the values of caring, honesty, respect and responsibility.

**Who:** Kindergarten Boy & Girls

**Where:** Newton YMCA Small Gym

**When:** Saturday Afternoon

January 13th – February 17th, 2018 (six straight Saturdays)

**Fee:** $23 Member$46 Nonmember

**Contact:** Scott Taylor at [Scott.Taylor@newtonymca.org](mailto:Scott.Taylor@newtonymca.org)

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**Mighty Mites Basketball – 2018**

Name: Birthdate: Gender: Grade **(Fall 2017):**

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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