



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# K -1<sup>st</sup> YOUTH BASKETBALL Fayette County Family YMCA



**Registration November 28- December 30, 2022**

**You can register at the YMCA front desk**

Our focus on youth development provides an environment that will help each child build relationships, improve self-esteem, and build character. Our staff and volunteers focus on teaching the fundamentals to increase skill level or assist players learning the game for the first time. **EVERYONE PLAYS, EVERYONE WINS!**

**\*Expect to hear from a coach or YMCA staff after coaches meeting January 4. Rosters and game schedules will be posted on website**

**Grades: K-6<sup>th</sup>**

**Fees:** \$20 with Youth Membership \$45 non-members

**FREE Sports\*\*\*\*\* Single Parent/Family Memberships**

**Jersey:** \$16 these will be used for every youth sport

**Dates:** January 9- February 25

**Days:** Practices throughout the week depending on coach, games Saturday mornings

**Times:** First practices time will be at 5:30pm with others to follow depending on the number of teams and when coaches select times

**Coaches meeting January 4**

**BECOME A COACH!**  
Volunteers who are interested in helping as coaches or assistant coaches should indicate on registration form. Coaches will receive a phone call to confirm acceptance and receive details. You will also receive help running practices as needed.  
**CONTACT:** Kenny Upthegrove

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**Fayette County Family YMCA Youth Basketball 2023 K-1**  
Please register online or in-person at the Y—100 Civic Dr., WCH, OH OR MAIL TO ADDRESS BELOW

Participants Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone # \_\_\_\_\_

YMCA Member (YES) / (NO) Membership Type: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Would either Parent/Guardian be interested in helping COACH? \_\_\_\_\_

IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS ENTRY, I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS WAIVE AND RELEASE ALL RIGHTS FOR CLAIMS AND DAMAGES I MIGHT HAVE AGAINST THE FAYETTE COUNTY FAMILY YMCA, SPONSORS, AND ALL RELATED PARTIES FOR ANY AND ALL INJURY OR DAMAGE RESULTING FROM PARTICIPATING IN THE ABOVE EVENT. I AM IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN THIS EVENT.

Parent Signature \_\_\_\_\_ DATE: \_\_\_\_\_

**Mission: To put Christian Principles into practice through programs that build a healthy sprit, mind, body for All**  
Fayette County Family YMCA P.O. BOX 1021 Washington C.H., Ohio 43160 (740)335-0477  
[www.faycoymca.org](http://www.faycoymca.org)

