

Youth Basketball

Y Youth Sports focuses on three primary objectives: Fun, Fundamentals, and Character Development.

Program Values are: teamwork, sportsmanship, and character development of caring, honesty, respect and responsibility.

League Information

Season: Saturdays from January 11th- February 15th

Location: YMCA gym

Registration Deadline: Saturday, January 4th

Late fee: \$10 will be charged after assigned deadline.

Fees: Member \$25 Non-Member \$45

Financial Assistance is available to those who qualify.

Jersey: Reversible Y sport shirts are used for all sport leagues. Please purchase the jerseys at the YMCA before the first practice.

Jersey fee is \$14 for child sizes and \$17 for adult.

Questions: Contact Carolyne Schlichte, Youth Coordinator, at

youthcoordinator@scymca.org or 320-253-2664.

Volunteer coaches are needed—No experience necessary

Coaches will be given Y sports training. All coaches will need to complete a background check.

Please register online at www.scymca.org or in person at the YMCA.

Micro

Ages 3-4 Years

Y Micro Soccer League focuses on the fundamental skills: basic footwork, ball handling, and an introduction of games in Micro II.

Micro I- 8:30-9:00 Micro II- 9:00-9:45

Parent/ Child Participation

Youth League

Ages 5-8 Years

Y Youth Soccer League focuses on the fundamental skills; blocking, passing, basic footwork, defense, shooting, and games.

Practices will last **ONE** hour.

Youth (K-1)- 10:00-12:00 Youth (2-3)- 12:00-2:00

Games/ Practice times will last <u>one hour</u> and will be assigned by January 14th.



Volunteer Coaches

I wish to serve as a Volunteer Coach for my child's team as a (Circle One or Both) Head Coach/ Assistant Coach Coach's Name: _____ Best Phone Number to Reach: **Y Youth Sports Registration Form Player Information** Participant Name: DOB: Grade: School Attends: **Gender: Male/Female Family Information** Email (for league updates): Home Phone: Cell Phone: Work Phone: Mailing Address: City: State: Zip: **Participation Release:** I release the St. Cloud Area Family YMCA, its coaches and officials from all claims of injury which may be sustained by above child while participating in any YMCA sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required I give my permission for such medical care. I also agree to follow the St. Cloud Area Family YMCA's sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named participant in its promotional/educational materials. Parent Signature: Date: