



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MARION FAMILY YMCA YOUTH BASKETBALL LEAGUE WINTER 2024

It's that time again, **Basketball Season!** Program focuses on teaching the players the basic skills, teamwork & sportsmanship. Games will be played on Saturdays at the Marion Family YMCA. *Practice will be held once a week at each team coach's discretion.*



Early Bird Special: \$ 10 off registration runs

November 20 - December 18

Promo code: WINTER24

Cannot be combined with scholarship or sibling discount

Season Dates: February 17 - March 2024

Ages / Grades:

- Preschool: Ages 3-5
- Grades K & 1: Ages 5-7
- Grades 2 & 3: Ages 7-9
- Grades 4 & 5: Ages 9-11
- Grades 6 & 7: Ages 11-13

Member Fee: \$35 per child Non-Member Fee: \$70 per child

Price includes: Reversible jersey and award. *Pictures may be purchased for an additional fee.*

****Team jerseys are the reversible blue/white version. Promo Code: WINTER24****

Registration Deadline: February 2

Meet-and-Greet: February 10

- Preschool: Ages 3-5 @ 10 am
- Grades K & 1: Ages 5-7 @ 10:45am
- Grades 2 & 3: Ages 7-9 @ 11:30am
- Grades 4 & 5: Ages 9-11 and Grades 6 & 7: Ages 11-13 @ 12:15pm

Scholarships Available! Bring your tax return to the Y Service Center at the time of registration for immediate approval. Families with annual income of \$35,000 or less may qualify for a \$15 reduction in fee. This can be used in place of but not combined with Early Bird or Sibling Discount.

Questions? Please call Andrew Grimes at 740-725-9622 or email at agrimes@marionfamilyymca.org

Marion Family YMCA Registration Winter Basketball 2024

Shirt Size: YS YM YL AS AM NONE (jersey discount)

****Team jerseys are the reversible blue/white version****

Grade Level: PreK K/1 2/3 4/5 6/7

Name _____ Age _____ D.O.B _____

Address _____ Email _____

Phone Number _____ Parent's Name _____

DO YOU KNOW SOMEONE WILLING TO COACH/ASSIST? YES NO

COACH NAME: _____ COACH PHONE NUMBER: _____

We will try to honor requests. However, we DO NOT guarantee coach or teammate.

Name of Coach requested: _____ Name of Teammate requested: _____

Practice Day(s) requested (circle): Mon Tues Wed Thu Fri Sat Sun