



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MARION FAMILY YMCA

YOUTH BASKETBALL LEAGUE WINTER I 2025–2026

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.*

Season Dates: December 20-January 24, 2026

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: \$40 per child

Non-Member Fee: \$75 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: WINTER25****

Registration Deadline: December 1, 2025

You must talk to Madalynn Schifer after this deadline to get enrolled. A Late fee will be applied. She can be reached at 740-725-9622

Meet-and-Greet: December 6, 2025

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.

Playerspace: The YMCA will be using the Playerspace app for all communication regarding sports. You will receive an invitation to Playerspace before the start of the season. Do not create an account until you receive this email invitation. ***Please make sure that your contact information is up to date when registering for this program. Information will be sent to the email listed when registering.***



Marion Family YMCA Registration Winter I Basketball 2025/2026

Questions? Please call at 740-725-9622 or email at mschifer@marionfamilyymca.org

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