



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Northeast Iowa YMCA  
4<sup>th</sup>, 5<sup>th</sup>, & 6<sup>th</sup> Grade  
Girls Basketball League Registration

# MAKING FRIENDS & BASKET

## GIRLS BASKETBALL



This 14-week league is designed to introduce youth girls to the game of basketball. Participants will learn the basic fundamentals of the game, as well as, rules and terminology. Our goal is to have fun, create relationships through sports, and increase basketball knowledge.

**AGE:** 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> grade

**DATES:** November 6 – Feb. 16

Practices: Schedule specific will be communicated with you after October 27.

**LOCATION: Practice** – Northeast Iowa YMCA-Gym

**Games** – Will be held every Saturday starting January 6, 2018. Away games include traveling to area towns in the league.

**FEE:** Y-member: \$20, Community member: \$30 Fee includes t-shirt

*Youth memberships available for \$16.00 a month.*

*Financial assistance available for membership and programs.*

### **QUESTIONS? OR, INTERESTED IN BEING A VOLUNTEER COACH?**

Contact Rey Mucia, Youth Sports Coordinator at [rmucia@neiaymca.com](mailto:rmucia@neiaymca.com) or 563.864.9622.

Please complete attached form and return to the Northeast Iowa YMCA prior to October 20, 2017.



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4<sup>th</sup>, 5<sup>th</sup>, & 6<sup>th</sup> Grade  
Girls Basketball League Registration

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Medical Concerns, Allergies, or Disabilities: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Emergency Contact's Phone: \_\_\_\_\_

**Release of Liability**

*I release the Northeast Iowa YMCA staff and volunteer coaches from all liability and hereby give my permission for the above named child to participate in Basketball and for the program's staff to refer my child, if injured, to the closest medical facility.*

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Photo/Video Release**

*I release consent and allow the Northeast Iowa YMCA to use my child's photograph/video, as it pertains to participation with the Northeast Iowa YMCA, in any manner of promotional efforts without expectation of any reimbursement in connection with its use.*

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please check appropriate line(s) (make checks payable to "Northeast Iowa YMCA"):

\_\_\_\_ Fee for League—NEIA YMCA players only. (\$20 for NEIA Y member, \$30 for Community member)

\_\_\_\_ I'll be a Volunteer coach (At least high school Junior or age 16)

If so include name and contact information: \_\_\_\_\_

**Return this completed form with registration fee to the  
Northeast Iowa YMCA prior to October 17th.**