



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DRIBBLE SHOOT SCORE

AGE / GRADE REQUIREMENTS
5 - 11 Years
K - 5th Grade

Youth Basketball League Illinois Valley YMCA

GRADE DIVISIONS	K - 1st / 2nd - 3rd / 4th - 5th		
COACHES' MEETING	Monday, December 18, 2023	TIME	6:00 - 7:30 p.m.
PRACTICE BEGINS	Week of January 8, 2024		
GAME SEASON	January 20 - March 9, 2024	SEASON LENGTH	7 Weeks
	<i>Games are played on Saturdays</i>		
EARLY REGISTRATION	October 30 - November 26, 2023	MEMBERS: \$55	NON - MEMBERS: \$83
	<i>Save 10%</i>		
OPEN REGISTRATION	November 27 - December 8, 2025	MEMBERS: \$62	NON - MEMBERS: \$93
	<i>Financial assistance is available.</i>		

Skill Building & Character Development Happens Here

For further information, email Doug Miller,
YMCA Interim Program Director by email at
dougm@ivymca.org.

Illinois Valley YMCA
300 Walnut Dr
Peru, IL 61354
(815) 223-7904
ivymca.org





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2024 YMCA Youth Basketball League – Registration Form

GRADE DIVISIONS K - 1st / 2nd - 3rd / 4th - 5th
COACHES' MEETING Monday, December 18, 2023 from 6:00 - 7:30 p.m.
PRACTICE BEGINS Week of January 8, 2024 *(schedules will be announced within a week of the coaches' meeting)*
GAME SEASON January 20 - March 9, 2024 *(games played on Saturdays)*
EARLY REGISTRATION October 30 - November 26, 2023 **Members: \$55 Non - Members: \$83 Save 10%**
OPEN REGISTRATION November 27 - December 8, 2023 **Members: \$62 Non - Members: \$93**

Financial assistance is available.

****Player Information****

Player Name _____ **Member Type:** Member / Non-Member
T-Shirt Size YS YM YL AS AM AL AXL **Gender:** Male / Female
School Attending _____ **Grade** _____ **Birth Date** ___/___/___
Skill Level (Circle One) A B C *(A = Beginner / B = Some Experience / C = Experienced)*

****Emergency Contact Information****

Parent or Guardian Name(s) _____ **Parent's Email** _____
Address _____ **City** _____ **Zip Code** _____
Home Phone _____ **Cell Phone** _____

****Special Player/Coach Request****

Requests (ONE Player or Coach) _____
We try to accommodate requests, but cannot guarantee. The Illinois Valley YMCA reserves the right to modify rosters.

****Volunteer Coaching** Please check either if interested (Volunteers help make the program successful!)**

Head Coach _____ **Ass't Coach** _____ **First Name** _____ **Last Name** _____
Phone Number (If different from above) _____ **Email Address** _____

****Photo Release****

I hereby acknowledge that they Illinois Valley YMCA may use photos or videos taken of myself or my child for use in publications online, in print, or in other company publications. I release and hold harmless the YMCA from any reasonable expectation of privacy or confidentiality associated with the images specified above. I also acknowledge I will receive no financial compensation for the use of such materials.

Agree **Disagree**

****Waiver of Liability****

I hereby, for myself and child, waive and release any and all rights and claims that I may have against the Illinois Valley YMCA and its associates and/or volunteers. I understand that my child participates at his/her own risk and that I have insurance that will cover injuries that he/she may incur.

Parent/Guardian Signature _____ **Date** _____

(FOR OFFICE USE ONLY)

School Flyer

Payment Amount \$ _____ **Payment Received Date** ___/___/___ **Receipt#** _____ **Staff Initials** _____