



YOUTH BASKETBALL LEAGUE

Saturdays, February 15–April 4, 2020

Basketball leagues give children an introduction to the sport in the best possible environment.

The league introduces new skills, enhances abilities, and teaches the rules of the sport providing growth through development within the child.

COST: \$130 Member/\$155 Non-Member

LOCATION: Charlotte Wood Middle School
600 El Capitan Dr, Danville, CA

INFO: Ernie Chang, echang1@ymcaeastbay.org

Irvin Deutscher Family YMCA
350 Civic Drive, Pleasant Hill, CA
(925) 687-8900, ymcaeastbay.org

DIVISIONS

TYKES (Clinic Only): 3–4yrs old
Designed for first-time players

PEE WEES (Co-ed): 3–5yrs old

ROOKIES: 5–7yrs old

WINNERS: 7–9yrs old

CHAMPIONS (3-on-3): 9–11yrs old

CHAMPIONS+ (3-on-3): 11–13yrs old

TIMES: 1 hr games start between
8am and 5pm.

Games start time vary each week to ensure different teams play each other throughout the season.

2020 WINTER YOUTH BASKETBALL REGISTRATION FORM

NAME OF PARTICIPANT: _____
Last First

Gender: M F Date of Birth: _____

Grade: _____ School: _____

Parent/Guardian: _____ Parent/Guardian DOB: _____
Last First

Email: _____ Secondary Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SESSION NAME	Session Dates	Program Fee*	Amount Enclosed	Balance Due
Winter Basketball	2/15 – 4/4	\$	\$	
				TOTAL:

**Program fees are non-refundable and non-transferable. Registration fees are due in full at time of registration.*

- Tykes (Ages 3-4)
 Pee Wee (Ages 3-5)
 Rookies (Ages 5-7)
 Winners (Ages 7-9)
 Champions (Ages 9-11)
 Champions + (Ages 11-13)
 Jersey Size: Youth X-Small
 Youth Small
 Youth Medium
 Youth Large
 Adult Small

I would be interested in **VOLUNTEERING** as a(n):

- Coach
 Assistant Coach
 Team Parent
 Referee/Official

Name(s) of Volunteer(s): _____

Phone: _____ Email: _____

Coach Request: _____

Teammate(s) Request 1. _____ 2. _____

METHOD OF PAYMENT:

Check enclosed Check #: _____ Amount \$: _____

Charge Credit Card:
 MasterCard
 Visa
 American Express

Account Number: _____ Exp: ____ / ____ Account Name: _____

Signature of Account Holder: _____

Email **Kristine Nachand** at knachand@ymcaeastbay.org for instructions to create an online account.