



The Family YMCA of Northwest Illinois presents:



Hoops for Scoops Youth Basketball Clinic

We're proud to offer a Youth Basketball clinic-style program that teaches fundamentals & teamwork. All classes will be held at the YMCA on either Wednesdays or Saturdays for 1 hour per day. Please select one available option for your child's age group. For more information, contact the YMCA at 815-235-9622. Times subject to change due to HCC schedule.

AGE/LEAGUES: **Pre K - K: All Saturdays in March: Choose: 8:30am, 10am, 11:30am, or 1pm**
OR All Saturdays in April: Choose: 8:30am, 10am, 11:30am, or 1pm

1st & 2nd grade: 4-week session in March. Choose one: All Wednesdays in March (except 3/31) OR All Saturdays in March. Choose: (Wed) 5:30pm or (Sat) 8:30am, 10am, 11:30am, or 1pm

3rd & 4th grade: Choose one: All Wednesdays in April 5:30pm or Saturdays: 4/10-5/1
Choose: 8:30am, 10am, 11:30am, or 1pm

REGISTRATION: February 15th—February 27th

FEES: YMCA Members: \$26.00 Non-Members: \$36.00

(Optional) Youth Sports Reversible Jersey - \$10.00

Ice Cream on the last day!!!

BASKETBALL PLAYER

NAME: _____ GRADE: _____

BOY GIRL (circle one) BIRTHDAY: _____ (MM/DD/YYYY) SCHOOL: _____

PARENT

NAME: _____ BIRTHDAY: _____ (MM/DD/YYYY)

PHONE: _____ Session choice: Day of week _____ Time of day: _____

EMAIL ADDRESS: _____

ADDRESS _____ CITY: _____ ZIP CODE: _____

1. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.

2. I support the YMCA Youth Sports philosophy which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

3. An additional covid waiver must be signed and on file at the front desk

SIGNATURE: Parent/Guardian _____ PHONE: _____

***** ATTENTION: PARENT/GUARDIAN/FRIENDS *****

Yes, I am willing to participate as a volunteer in support of the YMCA Youth Basketball.

All Coaches MUST have a working email address. Coaches will receive rosters.

___ Coach ___ Assistant Coach ___ Referee

COACH'S EMAIL ADDRESS: _____ @ _____

NAME: _____ PHONE: _____

Please return to: Family YMCA of Northwest Illinois

2998 W. Pearl City Rd., Freeport, IL 61032

815-235-9622

www.freeportymca.org

Youth Basketball

Amount Paid: _____

Jersey Size: _____

Employee Initials: _____