



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# FUN, FITNESS FRIENDSHIPS FUNDAMENTALS

## YOUTH BASKETBALL ACADEMY HILLIARD/RAY PATCH FAMILY YMCA



- Focus on youth development
- Help each child develop relationships
- Improve self-esteem
- Build character through our Core Values (Caring, Honesty, Respect and Responsibility)
- Staff and volunteers focus on fundamentals
- Ensuring everyone plays

**REGISTRATION:** **Members – October 18<sup>th</sup> – November 7<sup>th</sup>**  
**Non-Members – October 25<sup>th</sup> – November 7<sup>th</sup>**

**SEASON:** **November 3<sup>rd</sup> – December 16<sup>th</sup>**

**Freshman (4-6) Wednesdays 5:30-7:00p**  
**Sophomore (7-9) Wednesdays 7:00-8:30p**  
**Junior (10-12) Thursdays 5:30-7:00p**

**FEES – Coed Ages 4-6, 7-9, and 10-12**

|                       |                |
|-----------------------|----------------|
| <b>Family Members</b> | <b>\$40.00</b> |
| <b>Youth Members</b>  | <b>\$50.00</b> |
| <b>Non-Members</b>    | <b>\$70.00</b> |

\* YMCA t-shirt included

### CONTACT

**Mike Shivers**

Youth Experience Director

**Hilliard/Ray Patch Family YMCA**

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Hilliard, Ohio 43026

614.389.4557 ext.4523

[mike.shivers@ymcacolumbus.org](mailto:mike.shivers@ymcacolumbus.org)

### FORMAT:

**Freshman** – 45 min. practice, then two (2) 10 min. halves live game.

**Sophomore** – 60 min. practice, then four (4) 6 min. quarters live game.

**Junior** – 60 min. practice, then four (4) 6 min. quarters live game.

### VOLUNTEER COACHES REQUESTED

The opinion, products, activities and/or services of this organization are neither sponsored nor endorsed by the school district.

# YMCA YOUTH BASKETBALL ACADEMY REGISTRATION – FALL 2021

Participant's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender (Circle 1): Male/Female Age \_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_

T-shirt Size: Youth S, M, L  
Adult S, M, L, XL School Attending: \_\_\_\_\_

Email Address \_\_\_\_\_

I do hereby stipulate and agree to indemnify and hold forever harmless the YMCA of Central Ohio against any and all claims arising from my own or my child's participation in the YMCA programs or activities.

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## I wish to volunteer for: (Please check one if interested)

\_\_\_\_\_ **Coach:** I am willing to volunteer as a coach with YMCA sports program while reinforcing the character development values of **CARING HONESTY, RESPECT AND RESPONSIBILITY. Coaches are required to fill out a volunteer application and attend a coaches meeting.**

\_\_\_\_\_ **Assistant Coach:** I am willing to volunteer as an assistant coach with YMCA sports program while reinforcing the character development values of **CARING HONESTY, RESPECT AND RESPONSIBILITY. Coaches are required to fill out a volunteer application and attend a coaches meeting.**

\_\_\_\_\_ **Parent Helper:** I am willing to volunteer as a parent helper with YMCA sports program while reinforcing the character development values of **CARING HONESTY, RESPECT AND RESPONSIBILITY. Parent helpers are required to fill out a volunteer application.**

Coach's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ T-shirt Size \_\_\_\_\_

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## Requests

Player 1 \_\_\_\_\_

Player 2 \_\_\_\_\_

Player 3 \_\_\_\_\_