

Ed Isakson/Alpharetta Family YMCA Basketball 2009

Participating in YMCA basketball will not only provide you with healthy regular exercise, but also provide you with an opportunity to make new friends, relieve the pressure from school, and provide you with the unique opportunity to be part of a team. YMCA basketball program is designed to provide age appropriate training throughout the various age groups. This program is available for all kids ages 3-13 and is designed to help your child progress through the sport as he/she grows. Limited scorekeeping and an ongoing commitment to good sportsmanship round out the program.

Registration:

COA 9/18/09 Open Registration: 9/26/09
Registration Deadline (ages 5-13): 11/06/09
Registration Deadline (age 3-4): 11/20/09
Coach and Co-Coach Meeting: 11/9/09

* You will be contacted a week prior to the meeting with details if you volunteer to coach or co-coach

Cost:

EARLY Registration \$105 beginning September 18th
\$110 After 11/06/09

All Participants must be current facility or program members.

Program Memberships: \$25 per person; \$35 per family

Practices/Games:

First Practice: Week of 11/16/09 First Game: 12/05/09 Final Game: 02/13/10

**NEW!! End of the Season Jamboree Style Tournaments for 8-9, 10-11,
and 12-13 age groups**

Gym Locations:

Abbott's Hill, Haynes Bridge, New Prospect, Findley Oaks, Webb Bridge Middle School,
Northwestern Middle, and Crabapple Elementary.

The Coach you are assigned to will choose the gym in which you will practice. We can not guarantee practice time at a specific gym. We are able to assist in possibly switching to another team if the practice specifics conflict with your schedule.

Game Locations:

Webb Bridge Middle School, Ed Isakson Alpharetta YMCA Facility Gym, Haynes Bridge Middle School
and Northwestern Middle School

NEW!! Age 3-4 Pee Wee Basketball:

Saturdays only! 5 Week Session, no practices, only games. T-Shirt is provided. Deadline 11/20/09
All Games held for one hour on Saturdays.

Basketball Specifics & Uniform Information:

Practice during week, games on Saturday.

Uniforms will consist of new reversible jerseys. This will allow your player to stay with the same shirt next season if need be with no additional purchase.

Each child will receive a medal/trophy at the end of the season.

Quickscores.com

Quickscores.com is the newest website to help keep up with your schedules. Your entire season's schedule, along with locations and opponents are listed for easy access. Go to www.quickscores.com/edisaksonymca for your season schedule.

Partner With Youth Campaign

Partner With Youth contributions fund YMCA programs for local children and families in our area. By contributing to the Partner With Youth annual campaign, you are investing in our children today and in our community for tomorrow. See reverse side to donate

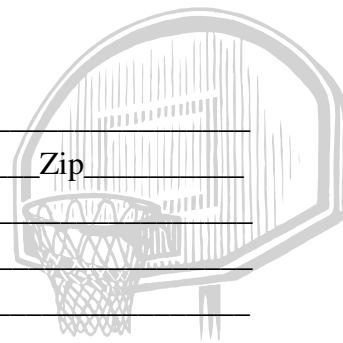
the campaign today!

YSPORTSTM

We build strong kids, strong families, strong communities.

to

Ed Isakson/Alpharetta Family YMCA 2009 Youth Basketball Registration Form



Player's Name _____ Ethnicity _____
 Address _____ City _____ State _____ Zip _____
 School child attends _____ Years/Seasons Played _____
 Grade _____ Age _____ DOB _____ Sex _____ Home Phone _____
 Mother's Name _____ D.O.B _____ Cell # _____
 Father's Name _____ D.O.B _____ Cell # _____
 Email Address (PLEASE PRINT) _____

Cost: \$75 for ages 3-4; \$105 for ages 5-13

*New price includes reversible team jersey. Yours to keep and continue wearing season to season!!
 All Participants must be current facility or program members. Program Memberships \$25 per person \$35 per family
Financial assistance is available for those in need through our "Partner With Youth" program.

Uniform: circle size: YS YM YL AS AM AL AXL

Age Groups - Groups may be combined if need be.

Please indicate which group - coed or girls - your child is to play in. The YMCA will determine the age group your child should be placed in based on their birth date using the 8/1/09 age control date. If you wish to play UP in age group please indicate on special request line. Request granted upon coach approval after first practice. Please circle your child's age group.

3-4 years old 5 years old 6-7 years old 8-9 years old 10-11 years old 12-13 years old

Co-Ed

Girls

* Please note that girls will most likely be combined with the coed league.
 We make every effort to have a girls league.

Visa/Mc/Disc/Amex # _____ Exp. Date _____ Cardholders Signature _____ <input type="checkbox"/> Age 3-4: \$75 (ID: 17163) <input type="checkbox"/> Age 5-13: \$105* (ID: 17164)	Date Received _____ Registration Fee (\$75 or \$105) _____ + Membership Fee: (\$25 or \$35) _____ Total Amount Paid \$ _____
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Volunteers

As a parent, I will participate in the program as a volunteer:

- Coach (willing to Coach alone)
- Co-Coach (willing to coach with another volunteer)
- Team Parent (willing to help coaches with administration, i.e. phone calls, snack schedules)
- Partner w/ Youth Campaign - Would you like to donate to our Partner With Youth Campaign? \$ _____
 Donation is tax deductible and will be recognized

As a volunteer coach or co-coach, you decide when, where, and at what time your practice will be.

Name _____ Home # _____
 E-mail _____ Cell # _____

Special Requests

Please do not request day, time, or location. No special Request is ever guaranteed!

Player/Coach _____ Additional Request _____

General Waiver and Consent

I know that engaging in physical exercise is a potentially hazardous activity. I assume all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application for program participation, I hereby certify that I am medically able to participate in activities which shall be selected by me. I assume the sole responsibility for my medical condition at all times. I, for myself and anyone entitled to act on my behalf, waive and release the Ed Isakson/Alpharetta Family YMCA, sponsors, their representatives and successors, from all claims and liabilities of any kind arising from and out of my activities at or sponsored by the YMCA. I understand that photographs are periodically taken of the facility and those involved in activities, and that any likeness of me and/or family members may be used in public relations materials unless I request otherwise in writing to the Executive director. Furthermore, by signing below, I certify knowledge that absences from programs will not be made up-unless said absence is due to the closing of the area in question.

Return/Fax this form to the
Ed Isakson/Alpharetta Family YMCA · 3655 Preston Ridge Road · Alpharetta, GA 30005
 Phone: 770-664-1220 · Fax: 770-664-0337