

Algona Family YMCA

2101 E. McGregor St. Algona, IA 50511 295-7701

Youth Basketball

WHO

Boys and Girls Grades K-Prep – 4th

WHEN

January 10th-February 25th

K-Prep K

Saturday 9:00-9:45am

1st & 2nd Girls

Tuesday 5:00-5:45pm

Saturday 10:00-10:45

1st & 2nd Boys

Thursday 5:00-5:45

Saturday 10:45-11:30

3rd & 4th Girls

Tuesday 6:00-6:45pm

Saturday 11:45-12:30am

3rd & 4th Boys

Thursday 6:00-6:45

Saturday 11:45-12:30

FEE

Members - \$18

Non-Members - \$54



PLEASE NOTE

We will not hold practice on January 14th due to a swim meet and February 18th due to the Algona Family YMCA Indoor Triathlon

If there is no school there is no practice. We will make it up at the end of the session.



Become our fan on Facebook!

PLEASE RETURN THIS PORTION WITH PAYMENT TO THE ALGONA FAMILY YMCA

2012 Youth Basketball Registration

CHILD'S NAME _____ AGE _____ GRADE _____ SCHOOL _____

PARENT'S NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY, STATE, ZIP _____

EMAIL _____

PLEASE CIRCLE ONE

VOLUNTEERS ARE NEEDED FOR THIS PROGRAM TO BE SUCCESSFUL

I WOULD LIKE TO VOLUNTEER FOR THIS PROGRAM

NO EXPERIENCE IS NECESSARY.

BOY

GIRL

MEMBER \$18

NON-MEMBER \$54

**YOUTH MEMBERSHIPS
AVAILABLE FOR
\$18.50 PER MONTH**

WAIVER: I DO ACKNOWLEDGE THE RISK OF INJURY IS POSSIBLE WHILE PARTICIPATING IN THIS PROGRAM. I AGREE TO WAIVE ALL CLAIMS AGAINST THE YMCA, STAFF, VOLUNTEERS, COACHES, AND SPONSORS OF THIS PROGRAM. I GIVE PERMISSION FOR THE YMCA TO USE PHOTOS, VIDEO FOOTAGE OR TAPE RECORDINGS THAT INCLUDE MY CHILD FOR THE PURPOSE OF YMCA PROMOTIONS. ALL VOLUNTEER COACHES GO THROUGH A YMCA COACHING ORIENTATION

PARENT/GUARDIAN SIGNATURE _____ DATE _____



OFFICE USE: AMOUNT PAID _____ DATE PAID _____ STAFF INT. _____ CASH _____ CHECK# _____ CREDIT/DEBIT _____