



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Jackson YMCA Winter Sports

Basketball age 4-9
Indoor Soccer ages 3-9
Cheerleading ages 4-11

Come join us for our values oriented league for boys and girls to learn the fundamentals while emphasizing fun and fair play.

Includes a meet the team/skills clinic, one week night practice a week, seven games, and an end of the season celebration party. All clinics, practices, and games will be held at the YMCA.

Volunteer Coaches are needed to coach their children's team! Please attend the coaches meeting for more information.

Cost: \$28.00-Members
\$48.00-Community

Registration Deadline:
March 4th

Scholarship

Thanks to the generous donations from the community the Jackson YMCA is proud to offer financial aid to those in need. Contact the YMCA for more details at 782-0537.



JACKSON YMCA
127 West Wesley Street Jackson, Michigan 49201
(517) 784-YMCA (9622) www.jacksonymca.org

Our Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all

Registration Deadline:

(Registration after the deadline is subject to availability and a \$10.00 late fee)

Friday, March 4th

Parents Meeting:

Wednesday, March 2nd 6:00pm in the small gym

Coaches Meetings:

Wednesday, March 2nd 6:00pm in the CEO's office

Meet the Team:

March 5th location Jackson YMCA

Indoor Soccer

3-4 year olds 9:00am

5-6 & 7-9 year olds 10:00 am

Cheerleading

4-11 year olds 10:00am

Basketball

4-5 years old 11:00 pm

6-7 & 8-9 year olds 12:00 pm



First Week of Practice:

The week of March 7th

Practice days are decided by the coaches

First Game:

March 12th Times TBA location Jackson YMCA

Last Game and Celebration Party Potluck:

April 30th

If you have any questions please call
Katie Heter, or Bianca Arnett at 782-0537 or email
Katie@jacksonymca.org

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Please Return to the Jackson YMCA
127 W. Wesley - Jackson, Mi 49201 - 782-0537

Name _____ DOB _____ Age _____
Address _____ City _____ Zip _____
Parent Name _____ DOB _____ Cell _____
Parent Name _____ DOB _____ Cell _____
E-Mail Address _____
Shirt Size (if unsure order 1 size larger) 6-8 10-12 14-16 AS AM AL AXL
Phone # (Home) _____

I give the child named above permission to participate in YMCA Youth Sports. I give the YMCA permission to administer first aid or secure emergency medical attention if I am unavailable. I understand that the YMCA is not responsible for loss of personal items or injuries incurred during play. I understand that the YMCA may take picture of participants for promotional purposes.

Parent Signature _____ Date _____

Volunteer coaches are what makes our leagues possible. Athletic talent is not as important as skill with working with children. Please attend the coaches meeting immediately following the parent meeting. **I would like to volunteer to help coach my child's team**

Name _____ Shirt Size _____

Sport (check one) Basketball Cheerleading Indoor Soccer

Special Request (friend or practice night you cant do) _____