Winter Basketball (Rookie 3 & 4 year olds – 8th grade)

RETURNING PLAYERS (Played basketball in winter 2011-2012)

Registration will be September 17th—October 5th to guarantee placement on the same team from winter 2011/2012. ALL registrations received after 5pm Oct 5th will be processed after the rush on open player registration day. We will not be accepting any registrations Oct 8th so we can finalize rosters prior to adding new players. If you wish to transfer your child to a different team, you must fill out a player movement form available online at www.skyc.net and it will be processed prior to open registration.

NEW PLAYERS to winter basketball

Open registration begins Oct 9th.

Practices begin the week of November 12th. 1st game and picture day will be in early December. Season ends with a tournament for 3rd—8th grades in Mid-March.

FEES:

ROOKIE 3 & 4 Year olds $65.00
K *Clinic (Kindergarten or pre-school but age 5) $95.00
  1st—2nd grades $135.00
  3rd grade $140.00
  4th—5th grades $150.00
  6th—8th grades $155.00

The ROOKIE 3 & 4 year old program is designed for preschool age children. The season will be 6 Saturday’s beginning January 12th with a 30 minute practice followed by a 30 minute game each week.

The K Clinic is designed for Kindergarten and Pre-K (5 & 6 year old) participants. The clinic season begins January 12th on Saturday’s for 10 weeks. The first 4 weeks are practices, followed by 6 games. If there are an uneven number of teams there will be 3 practices, followed by 7 games.

The Edmonds School District does not sponsor or endorse the activity and/or information contained in this material
2012-2013 WINTER BASKETBALL REGISTRATION

Sno-King Youth Club Contact Information
Address: 700 Main Street #111
         Edmonds, WA 98020
Phone:  425-775-2633
Fax:    425-776-0607
Web:    www.skyc.net

How to register your child
Online
In person
Please do not mail
No over the phone registrations

Sno-King Youth Club
“Everyone Gets to Play”

2012-2013 WINTER BASKETBALL REGISTRATION

Child’s Name ___________________________ Boy _____ Girl _____ Age _____ GRADE ________
Address _______________________________ City __________________ State _______ Zip _______
Phone # ________________________________ Parent’s Name _________________________________
Emergency # ___________________________ Emergency Contact ________________________________
School ________________________________ *Email ______________________________
Played Last Season? ____________________ Coach’s Name _________________________________
Jersey Size:YS (6-8)____ YM(10-12)____ YL(14-16)____ AS(34-36”)____ AM(38-40”)____ AL(42-44”)____
Contribution to SKYC Scholarship Fund $ __________

*E-mail will be used for coaches & Sno-King Youth Club for correspondence only

Office Use Only
Date of Registration ___________________ Coach’s Name ________________________________
SKYC Staff _____ Payment Amount $ _____________ Type: CC _____ Check # _____ Cash _____
DATABASE _____ ASSIGNED _____