



2013-2014 Winter Basketball

Register online at www.skyc.net



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

RETURNING PLAYERS (Played basketball in winter 2011-2012)

Registration will be September 18th—October 4th to guarantee placement on the same team from winter 2012/2013. **ALL** registrations received after 5pm Oct 4th will be processed after the rush on open player registration day. We **will not** be accepting any registrations Oct 7th 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 4th**.

Practices begin the week of November 11th. 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 11th 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 11th 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.

2013-2014 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”

2013-2014 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 _____