



2014-2015 Winter Basketball

Register online at www.skyc.net



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

RETURNING PLAYERS (Played basketball in winter 2013-2014)

Registration will open on **September 15th-October 3th** Returning players from last season must register by October 3rd to guarantee their spot on the same team from 2013/2014. 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

NEW PLAYERS to winter basketball

Registration begins September 15th. New players will not be placed on teams until returning player registrations ends on October 3rd.

Practices begin the week of December 1st . First weekend of games will be played on Jan 10th.

FEES:

ROOKIE 3 & 4 Year olds	\$65.00
K *Clinic	\$95.00
1st—2nd grades	\$135.00
3rd grade	\$140.00
4th—5th grades	\$150.00
6th—8th grades	\$155.00

The ROOKIE program is designed for preschool age children.

The season will be held on 6 Saturday's beginning January 10th. Teams will practice for 30 minutes followed by a 30 minute game each week.

The K Clinic is designed for Kindergarteners. Season begins January 10th and will be held on Saturdays for ten weeks. Teams will practice for 30 minutes followed by a 30 minute game each week.

1st-2nd grade teams will practice once a week and play games on Saturdays.

3rd-8th grade teams will practice twice a week and play games on Saturdays or Sundays.

Practice day and time TBD by coach

2014-2015 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”

2014-2015 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 _____