

Wayne Trace Youth Basketball



Calling all future Raiders!!

Our youth basketball program is designed to teach the fundamentals of the game while building teamwork, discipline, and a love for basketball. Players will learn ball handling, passing, shooting, defense, and game skills in a fun and encouraging environment.

Who Can Join?:

- Boys in grades 3-6
- No experience required—just bring energy and a willingness to learn

Program Highlights:

- Age-appropriate instruction grouped by grade level
- Focus on sportsmanship, teamwork, and fundamentals
- Opportunity to play at halftime of varsity basketball games!

When & Where:

- Van Wert YMCA/MAC Gym in Antwerp
- 4th- 6th will play 2 games every Saturday from Jan. 9th - Feb. 13th
- 3rd will play either Monday night or Saturday morning from Jan. 9th - Feb. 13th
- Teams will also play in the KOC tournament on Feb. 27th & 28th.

Cost:

- $60 per participant
- Cash or check payable to Wayne Trace Boys Basketball
  - May be sent with form or collected at first practice

How to Register:

Complete the attached sign-up form and return it to your school office! All forms must be in by November 20th!

Questions? Contact Noah Goodrich

Cell: 419-350-4837 Email: goodrichn@waynetrace.org



Sign-Up Form

Player Information

- Full Name: _____
- Date of Birth: _____
- Age: _____ Grade: _____
- School: _____
- Shirt Size (Circle One): YS YM YL AS AM AL AXL

Parent/Guardian Information

- Parent/Guardian Name(s): _____
- Phone Number(s): _____
- Email Address: _____

Emergency Contact

- Name: _____
- Relationship: _____
- Phone Number: _____

Medical Information

- Allergies:_____
- Medical Conditions: _____

Consent & Waiver

I, the parent/guardian of the above-named child, hereby give permission for my child to participate in the Wayne Trace Youth Basketball Program. I understand that basketball is a physical activity and that injuries can occur. I release Wayne Trace Schools, staff, and volunteers from liability for any injury that may arise from participation.

Signature of Parent/Guardian: _____

Date: _____

Payment will be collected at the first practice