ASHTABULA COUNTY YMCA
2026 JR CAVS BASKETBALL LEAGUE (GRADES K-6)

This is a fun, non-competitive, instructional co-ed league for boys and girls Kindergarten through 6th grade. The focus is on learning the fundamental skills of basketball in a setting where winning is downplayed, character development is highlighted, and everyone plays.



Who: Boys and Girls Kindergarten through 6th grade

Registration: NOW through October 18, 2026 ($10 late fee after 10/18)

When: October, November, and December | Saturday mornings/afternoons, practice one evening per week

Where: Games at YMCA. Practices to be held at AACS

Fee: $45 Member | $65 Program Participant (includes Cavs game jersey and two tickets to a Cavs game). Income-based rates are available.

If you have any questions, please contact Thayne at 440-997-5321 or thayes@ashtabulaymca.org

Return form with payment to Ashtabula YMCA

Ashtabula County YMCA • 263 W Prospect Rd • Ashtabula, OH 44004 • 440.997.5321 • www.AshtabulaYMCA.org

I AM INTERESTED IN BEING A VOLUNTEER! ____Head Coach ____Asst Coach ____Ref ____Scorekeeper

Name: _____ Shirt Size AS AM AL AXL AXXL

Phone: (_____) _____-_____ Email: _____

Name: _____ Age: _____ Gender: M F Date of Birth: _____/_____/_____

Did the Child Play on Their School Team? Yes No If Yes, Which School? _____

Grade: _____ Shirt Size: YS YM YL AS AM AL AXL AXXL Member? Yes No

Address: _____ City: _____ Phone: _____

Email:_____ Prior Basketball Experience (in years): _____

Please make sure email above is legible. This is the email address contact information and Cavs Tickets will be sent to.

Emergency Contact: _____ Phone Number: _____

Relationship to Child: _____ **Coach Request (optional)**: _____

I hereby certify that my child is in normal health and capable of safe participation in this youth sports program. I assume all risks and hazards incidental to the conduction of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached. I support the YMCA Youth Sports Philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

I also authorize the use of any pictures that may be taken during the course of this program to be used by the YMCA at its discretion. Such use includes, but is not limited to, local newspaper, YMCA website, brochures, and other marketing materials, as well as internal promotion of programs in our facility.

Special Health Needs: _____

Parent/Guardian Signature: _____ Date: _____