

CO-ED YOUTH BASKETBALL LEAGUE

"TEACHING FUNDAMENTALS"

YOUTH GAMES START ON
MARCH 5TH

GAMES WILL BE PLAYED AT
TCHS PAVILION GYM

DIVISIONS:

**5-6 YEAR OLD
7-8 YEAR OLD
9-10 YEAR OLD
11-12 YEAR OLD**

PLAYERS WILL BE DRAFTED TO
TEAMS BASED ON AGE, SKILL
LEVEL, AND THE LEAGUE
COORDINATOR'S RATING
SYSTEM

LIMITED TO FIRST 40 YOUTH
REGISTERED PER DIVISION.
PRIORITY WILL BE GIVEN TO
COMPLETED REGISTRATION
FORMS.

MANDATORY COACH'S
MEETING
FEBRUARY 23RD

**IN-PERSON
REGISTRATION OPENS:
FEBRUARY 16TH**

START AT 6AM

Register at TCRHCC Health Promotion
Disease Prevention (HPDP)/Fitness Center

GOALS & OBJECTIVES

- TO PROVIDE AN OPPORTUNITY FOR YOUTH OF VARYING SKILL LEVELS TO PARTICIPATE EQUALLY IN BASKETBALL.
- TO PROVIDE A FUN EXPERIENCE FOR EVERY PLAYER, REGARDLESS OF SKILL LEVEL.
- TO PROMOTE THE CONCEPTS OF TEAM UNITY, CHARACTER, COMPANIONSHIP, AND FUNDAMENTALS.
- TO PROMOTE PHYSICAL ACTIVITY BEHAVIORS AMONG YOUTH.



For more information contact:
Judie Keyonnie 928-283-3513 or
judie.keyonnie@tchealth.org

Tuba City Co-Ed Youth Basketball League

Spring 2026

REGISTRATION DATES & DEADLINE:

February 16, 2026 6am-12pm

February 17, 2026 7am-6pm

February 18, 2026 7am -6pm

Deadline is February 18, 2026 before 5pm, if registration is not already full.

REGISTRATION FEE:

FREE!!! We will only take FULLY, COMPLETED registration on a first-come, first serve basis.
Also, we will not hold any incomplete registration forms.

SEASON BEGINS:

Thursdays

March 5 – April 23

8-week league

4 AGE DIVISIONS:

5–6 year-old division

7-8 year-old division

9-10 year-old division

11-12 year-old division

GAME DAYS:

Thursdays

First game starts at 5:45 pm

Last game starts at 8:00 pm

40 KIDS MAX PER DIVISION

First Come First serve no exceptions. No waitlist

PLAYING TIME/SCORES:

Each Child will have equal playing time

This is a non-competitive league. Scores will not be recorded for 5-6- & 7–8-year-old divisions.

MANDATORY COACHES MEETING:

Monday, February 23, 2026

6:00pm-7:00pm

HPDP Fitness Center Kitchen/Classroom

For More information contact Judie Keyonnie @ 928-283-3513

CO-ED YOUTH BASKETBALL LEAGUE

TUBA CITY HEALTH PROMOTION PROGRAM CO-ED YOUTH BASKETBALL LEAGUE (NON-COMPETITIVE YOUTH LEAGUE)

GOALS & OBJECTIVES:

Our goal is to provide an opportunity for youth of different skill levels to participate equally in the basketball game. To provide, a fun experience for every player regardless of skill level. To promote the concept of team unity, companionship, instruction, fundamentals and learning experiences. To promote physical activity behaviors among youth.

Another goal is provide the opportunity for players to increase positive healthy behaviors by encouraging:

- 9 hours of sleep every night
- 5 or more fruits and veggies a day
- 2 hours of screen time or less a day
- 1 hour of physical activity a day
- 0 sugar sweetened drinks (soda, sports drinks and fruit juices)

TEAM DRAFT:

According to your child's rating, he/she will be placed on a team to try and make all teams balanced as far as skill level. Once your child is placed on a team, the volunteer coach will call contact you and your child on scheduled games and/or practice (at discretion of coach).

PARENT SPORTSMANSHIP:

The Health Promotion Program would like to highly encourage good parent sportsmanship and participation. Parents should be able support and encourage their child(ren) to be active and have fun. It is the job as parents to be role models and ensure that there are no bad attitudes or poor sports. We encourage parents to practice and teach basic basketball skills/rules, sportsmanship, leadership and values to their child(ren) on and off the court. Enjoy and have fun supporting your child.

CANCELLED GAMES:

The gym is reserved for the league; however, the school has first priority and has the ability to override scheduled games. These game cancellations cannot be made up.

DISCLAIMER:

This is a youth recreational program, players, coaches and officials are not professionals. Errors may occur, but all efforts will be made to limit mistakes. Remember coaches are volunteers they are not paid to donate their time. Finally this league has been designed to increase physical activity among youth and promote healthy active lifestyle.

Participant Registration

Co-Ed Youth Basketball League

Registered #: _____

Date Received: _____

Staff Received by: _____

DIVISION (CIRCLE ONE): 5-6YO 7-8YO 9-10YO 11-12YO 13-14YO

PARTICIPANT INFORMATION:

Print Full Name:			Gender:	F / M	Birthdate:	MM / DD / YYYY		
Age:		Jersey Size (circle one):	YS	YM	YL	AS	AM	AL AXL
School Attending:			Chapter Affiliation:					
Any Medical Conditions:								

PARENT INFORMATION:

Parent/Guardian Name:			
Cell Phone #:		Home Phone #:	
Email Address:			
Emergency Contact Name:		Emergency Contact Phone Number:	

I RATE MY CHILD (1, being no experience and 5 being very skilled): 1 2 3 4 5

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I am a Parent who would volunteer to coach my child's team?(circle one) YES NO

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Participant Waiver and Release: Each participant listed above intending to be legally bound, hereby certifies that he/she is physically fit and in normal health and has not been otherwise informed by a physician that he/she is incapable of participation in any sport leagues/clinics sponsored by the Tuba City Health Promotion Program Each participant agrees to abide by all Health Promotion league rules. Each participant acknowledges that he/she is aware of the risks inherent in participation in sports (both practice and recreation play); that sports are physical and can require considerable running, starting, stopping and physical exertion, in heat and humidity, and could potentially lead to injuries including, but not limited to, overheating, dehydration, limb injuries and possible permanent disability and death; each participant agrees to assume all those risks and to waive any and all rights to claim for injuries, loss or damages arising out of his/her participation in sports at the Tuba City Health Promotion Program league events. Each participant is responsible for conducting him/herself safely and at a level consistent with his/her skill. This form also serves as a Release of any and all rights/claims for damages against TC Health Promotion, TCRHCC, TCUSD, and other partner organizations/representatives. Each participant further certifies that he/she maintains adequate health insurance to cover any injuries occurring as a result of participation in sports with the Tuba City Health Promotion Program. If, while participating in a sport with the Tuba City Health Promotion Program, a participant hurts another person or damages the property of another individual, he/she will pay that person any resulting cost. By signing below, participant acknowledges understanding and reading of this waiver in full. I give my permission to the TCRHCC Health Promotion/Disease Prevention Program to photograph me or my child(ren) participating in the programs for publicity and publication use and will not seek compensation for such. Photos will be used for the purpose of promoting various programs and services to the community.

Parent/Guardian Signature

Date