



VALDOSTA-LOWNDES COUNTY FAMILY YMCA

CHAMPIONS LEAGUE FOR CHILDREN WITH DISABILITIES



2019-20 SCHEDULE

STARTS AT 6:00 PM

FALL _____ BASKETBALL

Valdosta-Lowndes County YMCA GYM
SEPTEMBER 30, 2019 - NOVEMBER 4, 2019
AWARDS: NOVEMBER 11, 2019

WINTER _____ SOCCER

Valdosta-Lowndes County YMCA GYM
FEBRUARY 3, 2020 - MARCH 9, 2020
AWARDS: MARCH 16, 2020

SPRING _____ BASEBALL

Freedom Park
New Miracle League Field
3795 Guest Road
APRIL 6, 2020 - *MAY 11, 2020
*AWARDS: MAY 11 (after play)

SUMMER _____ BOWLING

Jac's Bowling Lanes
406 Connell Road
JULY 8, 2019 - *AUGUST 12, 2019
*AWARDS: AUGUST 12 (after play)

SWIM LESSONS YMCA Pool

CHAMPIONS LEAGUE SWIM
LESSONS MAY BE SCHEDULED
DURING SUMMER MONTHS

MADE POSSIBLE
THROUGH YOUR
GENEROUS DONATIONS



- YMCA Champions League is a year around sports league for boys and girls ages 5 through adulthood, with physical and mental disabilities. The most fundamental goal of the Champion program is to give everyone a chance to play regardless of limitation.
- YMCA Champions League is about more than playing a game. It's about making new friends, building self-esteem and being treated just like other kids.
- To help athletes we use a "buddy" system and pair each player with a Volunteer that is at least 9 years of age through adult. This interaction has proven to be a positive experience for all involved and has resulted in lasting friendships. **BECOME A VOLUNTEER TODAY!**
- Each sport has six, one hour sessions on Monday nights according to the schedule posted. Champions League is offered free as a community service.

TROPHIES, CERTIFICATES,
FUN, FRIENDS, AND MORE...

AWARDS CEREMONY
CONCLUDING EACH SPORT!



Contact Cheryl Maddox at
229.244.4646 or cmaddox@valdostaymca.com

Everybody Plays...
Everybody Wins!

www.valdostaymca.org



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VALDOSTA-LOWNDES COUNTY FAMILY YMCA



P.O. Box 1301
Valdosta, GA 31603



CHAMPIONS LEAGUE 2019-20

BASKETBALL SOCCER BASEBALL BOWLING SPONSOR

Today's Date: _____ Are you a ___ Player or ___ Buddy?

Participant's Name: _____

T-Shirt (Circle Size): S M L XL XXL Youth M

DOB: _____ Gender: _____ Age: _____ Race: _____

Primary Disability(If Player): _____ Organization: _____

Please describe any assistance your player might need: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Home Phone: _____ Other Phone: _____

E-Mail _____

Volunteer Signature: _____



I understand that photos of myself or my family, taken as we participate in YMCA activities may be used for publicity purposes.



Contact Cheryl Maddox at
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