



2019 Fall I & II Youth Sports

Parent Email _____

Participant's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age as of December 14 _____

Circle: M or F

Parent(s) Name _____

Phone _____ Cell _____

Doctor _____ Phone _____

Medical Conditions _____

Volunteering to Coach Skill Builders Basketball?

Please circle: Yes No

(NEED to Complete Volunteer Application Please!)

Name _____ Phone _____

Email _____

Circle Division Volunteering For

K-2nd Grade or 3rd-5th Grade

Fall I & II Sports

Dodgeball

Fridays: 4:45-5:45pm (Ages 9 - 13)

Fall I: Sept 6 - Oct 18

Cost: M \$35 - CP \$56

Fall II: Oct 25 - Dec 13

Cost: M \$35 - CP \$56

Beginner Girls' Volleyball

Wednesdays: 6-7pm (Ages 8 - 13)

Fall I: Sept 9 - Oct 16

Cost: M \$35 - CP \$56

Fall II: Oct 23 - Dec 11

Cost: M \$35 - CP \$56

Karate

Mondays: 7-8:30pm (Ages 7 - 12)

Fall I: Sept 9 - Oct 14

Cost: M \$42 - CP \$72

Fall II: Oct 21 - Dec 9

Cost: M \$56 - CP \$96

Fridays: 6-7:30pm

Fall I: Sept 6 - Oct 18

Cost: M \$49 - CP \$84

Fall II: Oct 25 - Dec 13

Cost: M \$49 - CP \$84

Coed Skill Builders Basketball

Saturdays: K-2nd | 9:30-10:30am

3rd-5th | 10:45am-Noon

Fall II: Oct 26 - Dec 14

Cost: M \$35 - CP \$56

CIRCLE SHIRT SIZE					
YS	YM	YL	YXL	AM	AL

4th-5th Grade Travel Boys' Basketball

Days/Times | TBD by Coach/Players

Practices Start | Early December

Games Start | January

Cost: M/CP \$75

4th-5th Grade Travel Girls' Basketball

Days/Times | TBD by Coach/Players

Practices Start | Early October

Games Start | Late October

Cost: M/CP \$75

YMCA Waiver

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct 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 parent(s) and emergency contact cannot be reached. **The YMCA is not responsible for any medical costs that result from participating in this sports program.**

Parent Signature _____

Concussion Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Signature _____

Date _____