



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARN TOGETHER PLAY TOGETHER

YOUTH SPORTS – FALL Session I – 2019

Check out the very affordable sports offerings at our Y and get in the game! We have Volleyball, Basketball, Soccer and Tennis. Improve your skills, just have fun, make new friends, be active and learn to love a sport at the Y.

BASKETBALL

- Intro to Basketball (ages 6-9) Mondays from 5-6pm
- Intermediate Basketball (ages 10-12) Mondays from 6-7pm

VOLLEYBALL

- Volleyball Skill Building (ages 10-14) Tuesday 5-6pm
- Volleyball Skill Building (ages 10-14) Saturday 9:45am - 10:45am
- Volleyball Games -Intermediate (ages 11-15) Wednesday 6:30pm - 8pm



TENNIS

- Intro to Tennis (ages 7 - 12) Thursdays from 5pm - 6pm



SOCCER

Intro to Soccer - Skills, drills and games (ages 6 - 10)
Fridays 5pm - 6pm



2019 Session Dates:

Sept. 16 - Nov. 2 (7 weeks)

\$45 YMCA members / \$105 nonmembers



Registration Form 2018

Participant Name _____ Age: _____
Gender: Male Female
Birthdate _____ School Attending: _____ Grade: _____

Class Basketball Soccer Tennis Volleyball Gym Games Session: _____

FAMILY INFORMATION

Parent/Guardian _____ Home phone _____
Home Address _____
Street City State Zip
Cell Phone: _____ Work Phone: _____
Email Address: _____

EMERGENCY INFORMATION / RELEASE OF CHILDREN

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions.

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
 Ok to pick up Ok to give emergency info

Does participant have allergies? Yes ___ No ___ If yes please provide specific information below

PERMISSIONS

___ Yes, in the event I, or my emergency contacts, am not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat the participant. I will be fully responsible for any costs of such treatment, even if not covered by insurance. I understand I must remain in the building / program site while the program is running - YMCA staff are not responsible to supervise kids outside of program hours.

___ Yes, The named participant is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.

___ Yes, In consideration of the named participant's participation in the activities of the Rockland County YMCA, I hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with the named participant's participation in any of the activities of the YMCA

___ Yes, I give permission for the Y to use my child's photograph for public relations and/or marketing purposes.

Card has been processed at front desk _____

I have read the entire application and the permissions. My signature acknowledges the permissions and authorizes the Rockland County YMCA to charge the above listed credit card in the amount of \$ _____ for payment.

I understand payments are non- refundable.

Signature: _____

Date: _____