



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WINTER BREAK SPORTS PERFORMANCE CLINIC

ROCKLAND COUNTY YMCA

Get Ready for Spring Sports!

Our sports performance training improves functional movement to support the physical demands of all sports. We help athletes of all levels shore up weaknesses, decrease injury risk, and build strength, agility and power.

Dates: December 26th to 29th 2017

Time: 10:30-12:30

Ages: 10-14

Each day our Work Outs will include:

- Warm Up
- Movement Drills – Agility & Plyometric
- Strength training – Bodyweight
- Speed Training – Sprint Drills
- Cool Down

Fee: \$80 for Members
\$120 for Non-Members

FOR MORE INFORMATION CALL: 845.643.3062

www.rocklandymca.org





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YMCA Membership?: ___yes ___No

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

FAMILY INFORMATION

Parent/Guardian _____ Home phone _____
Home Address _____

Cell Phone: _____ Work Phone: _____
Email Address: _____

Parent/Guardian _____ Home phone _____
Home Address _____

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 be available to pick up my child at the end of the program - YMCA staff are not responsible to supervise kids outside of program hours. The YMCA cannot allow a child under age 13 to leave a program without adult supervision.

___ 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.

PAYMENT \$80 for Members / \$120 for Non-Members

Yes, I have read and understand the above policies and permissions:

Signature: _____ **Date:** _____

Confirmation Information

Session: _____

Class Time: _____

YMCA Membership verified?: _____

YMCA Staff Initials: _____ Paid: _____