



# YMCA of Mount Vernon Age 3- 8th Grade Basketball Registration

Child's Name: \_\_\_\_\_ Gender: M F Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

Parent(s) Email: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about YMCA Basketball? \_\_\_\_\_

Would you like to be notified of Youth Program updates through Knox Alerts? YES NO

Jersey Size (Circle One): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Special Requests: In order to keep teams balanced special request may be limited.

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

**Some circumstances may not allow requests to be granted**

### VOLUNTEER

\_\_\_\_\_ YES, I would like to volunteer

Please Circle One

Coach Team Parent Referee Scorekeeper

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Shirt Size: S M L XL

### SPONSOR

\_\_\_\_\_ YES, I would like to Sponsor a team for \$250.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Pay Now Invoice Me

## EMERGENCY MEDICAL INFORMATION AND POLICY/WAIVER INFORMATION

Parent or Guardian: To serve your child in case of an accident or sudden illness, it is necessary that you furnish the following health information. Please provide a contact different than the parent listed on the front of the form.

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Information: List any relevant health conditions AND/OR allergies YMCA staff/volunteers/coaches should be aware of.

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I, \_\_\_\_\_ (parent/guardian first & last name), will not hold the YMCA of Mount Vernon responsible in the event of accidents resulting in injury or death or loss of personal property.

### PLEASE INITIAL IN EACH GREY BOX BELOW

Medical Waiver: In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport my child to the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact my child requires the attention of a physician. Initial

Code of Conduct: Players/Parents shall display good sportsmanship and team play at all times. Respect all coaches, players, league officials and spectators. Initial

Bullying Policy: Our organization will not tolerate any behavior that is classified under the definition of bullying or mistreatment of one youth to another youth. Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including: Physical Bullying, Verbal Bullying, Non-Verbal or Relational Bullying or Cyberbullying. Initial

Waiver: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not. Initial

PHOTO RELEASE: I give my consent for pictures taken of my child involved in YMCA programs to be used for future YMCA promotions or display. Initial

Refund Policy: I understand that the YMCA will not give a full refund if I or my child choose not to participate. I will receive a refund minus \$20 prior to the start of season. Once practices and games begin there will be NO refunds. Initial

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Participant Name

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Parent Signature (if under 18)

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Date



# YMCA YOUTH BASKETBALL

## Important Information

### LOCATION & PARKING

Basketball courts are located at the YMCA Sports Center on 200 W. Chestnut Street. We have two courts for the younger teams and they will be labeled as Court 1 and Court 2. Bleachers are available for spectator seating.

Parking is available across the street from the Sports Center in the Siemens parking lot after 5pm on weekdays and all day Saturday. Please do NOT park at Riffle Chiropractor.

### INCLEMENT WEATHER

In the event of bad weather, you will receive communication from your coach. Cancellations will also be posted on the YMCA of Mount Vernon's Facebook page. Make-up dates will be announced soon after.

### VOLUNTEER

Help us build a strong program! Volunteer opportunities include: team parent, coach, referee or scorekeeper!



### PRACTICES & GAMES

**PRACTICES: 1ST-8TH GRADE ONLY**  
Mondays, Wednesdays, or Fridays

#### GAMES

Tuesdays- 1st-2nd  
Thursdays- 3rd-5th  
Saturdays- PREK/K & 6th-8th

### CONTACT INFORMATION

For additional questions you may contact Emily Vonck via email at [emily@mtvymca.org](mailto:emily@mtvymca.org) or by calling the YMCA at 740-392-9622. She will get back to you within 24-48 hours.

## IMPORTANT DATES

Coaches Meeting

**DECEMBER 7TH**  
PREK-KINDERGARTEN  
**DECEMBER 14TH**  
1ST-8TH GRADE

Practices Begin  
1ST-8TH GRADE

**WEEK OF  
DECEMBER  
18th**

Meet & Greet  
PreK & Kind

**SATURDAY  
DECEMBER  
16th**

Pictures and  
First Games

**SATURDAY DEC. 30TH**  
PREK-KINDERGARTEN  
MIDDLE SCHOOL  
**WEEK OF JANUARY 1ST**  
1ST-5TH GRADE

Season Dates

**DECEMBER 30th-  
FEBRUARY 24th**

**Awards  
presented  
after last  
game**

**SKILLS EVALUATION WILL BE HELD ON SATURDAY DECEMBER 2<sup>nd</sup>**

Please bring your child at the appropriate time. Skills evaluations are for 1st- 8th grade ONLY!

9AM- 1st GRADE    9:30AM- 2nd GRADE    10AM- 3rd GRADE    10:30AM- 4th GRADE    11AM- 5th GRADE    11:30AM- ALL MIDDLE SCHOOL