



YMCA of Mount Vernon Basketball Registration

Child's Name: _____ Gender: M F Birth Date: _____

Grade: _____ Age: **(as of December 1)** _____ School: _____

Parent/Gaurdian Names: _____

Address: _____ City: _____ Zip: _____

Primary Contact Name: _____ Primary Email: _____

Primary Contact Ph #: _____ Carrier: Verizon AT&T Sprint Other

Secondary Contact Name: _____ Secondary Email: _____

Secondary Contact Ph #: _____ Carrier: Verizon AT&T Sprint Other

How many seasons of basketball has your child played? _____

How would you describe your child's skill level? Below Average Average Above Average

How did you hear about YMCA Basketball? _____

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

Special Requests:

1st Choice: _____

2nd Choice: _____

In order to keep teams balanced, special requests may be limited and some requests may not be able 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

If you volunteer to coach please answer the following questions:

Have you coached YMCA basketball in the past? YES NO If Yes, when? _____

Please briefly describe your basketball experience: _____

Do you have any youth coaching experience? YES NO ****Experience NOT necessary****

Please give your practice night preference: Option 1 _____ Option 2 _____

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.

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.

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

Participant Name

Parent Signature

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.

PRACTICES & GAMES

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

GAMES

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



VOLUNTEER

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

CONTACT INFORMATION

For additional questions you may contact Emily Vonck via email at emily@mtvymca.org or by calling the YMCA at 740-392-9622. She will get back to you within 1-2 business days.

IMPORTANT DATES

REGISTRATION DATES: SEPTEMBER 28th-NOVEMBER 2nd

Coaches Meeting

NOVEMBER
19th

Practices Begin
1ST-8TH GRADE

WEEK OF
NOVEMBER
26th

Meet & Greet
PreK & Kind

SATURDAY
DECEMBER
1st

Pictures

Week of
December
10th

Season Dates

DECEMBER 8th-
FEBRUARY 2nd

Awards
presented
after last
game