

Central Family YMCA Sports Programs



Fall Sports Camps/Clinics		
Camps	Fall Break Hoops Camp	Player Development Program
Registration Dates	September 1 – October 30	April 1st - July 14
Age Groups	8-14 Years Old	5-14 Years Old
Program Dates	Oct. 30, 31 and Nov. 3 and 4	Sundays, September/October
Member Fee	\$100	\$120
Non-Member Fee	\$125	\$145
Camps	Youth Golf	Little Dribblers
Registration Dates	August 1 – September 9/11	September 1 – October 12
Age Groups	4-17	3-4 Years Old
Program Dates	Tuesdays (4-8 year olds) Thursdays (9-17 year olds)	Monday or Wednesday Oct. 20- Non. 17'
Member Fee	\$90	\$40 (\$70 for both sessions)
Non-Member Fee	\$115	\$65 (\$105 for both sessions)

The YMCA's Youth Sports Program helps kids become better players, but better people. A progressive program, with multiple age-specific levels, every child gets to play. We encourage fair play, positive competition, family involvement where games are safe, exciting and fun.

Fall Sports Leagues		
Camps/Leagues	Girls Fall Lacrosse	Winter YBA
Registration Dates	August 1-August 30	September 1 – October 17
Age Groups	8-10 Years Old	5-14 Years Old
Program Dates	Tuesdays September	May 27 - July 31
Member Fee	\$55	\$60
Non-Member Fee	\$80	\$90
Camps/Leagues	Boys Fall Lacrosse	Youth Soccer
Registration Dates	August 1 – September 28	July 1 - August 9
Age Groups	6-8 Years Old	3-7 Years Old
Program Dates	Tuesdays, October	September 1 - October 18
Member Fee	\$55	\$55
Non-Member Fee	\$80	\$80
Camps/Leagues	Youth T-Ball	Adult Basketball League
Registration Dates	July 1 - August 9	May 1 – August 9
Age Groups	4-7 Years Old	35+ Years Old
Program Dates	September 1 - October 18	September 2 – October 30
Member Fee	\$55	\$400 Team Fee
Non-Member Fee	\$80	\$10 Extra Per Non-Member

All checks must be made out to the Central Family YMCA. To further inquire about Sports Programs please contact the Sports Director, Joel Zendel at 721-2100, ext. 2080 or email at j.zendel@ymcanwnc.org. Financial Assistance is available thru our Open Doors Policy. For more information visit: central.ymcanwnc.org/sports

Our Mission: Helping people reach their God-given potential in spirit, mind and body.

YMCA of Northwest North Carolina
Central Family YMCA Branch
Registration for 2008 Fall Sports Program
(Please Print)

PLAYER _____
Last _____ First _____ Nickname _____

AGE: _____ BIRTHDATE: _____ / _____ / _____ Male _____ Female _____ Height: _____ Weight: _____

SPORT: _____ # Years Participated in this Sport: _____ Member: _____ Non-member: _____

SHIRT SIZE: Youth: _____ Sm (6-8) _____ Med (10-12) _____ Lg (14-16) Adult: _____ Small _____ Med _____ Large _____ X-Large

SCHOOL CHILD ATTENDS: _____ GRADE: _____

Special Needs/Comments/~~Days you~~ ***CANNOT PRACTICE:*** _____

ADDRESS: _____
Street _____ City _____ Zipcode _____

Mother/Guardian: _____ (H) _____ (W) _____ Cell/Pager _____

Father/Guardian: _____ (H) _____ (W) _____ Cell/Pager _____

PRIMARY E-MAIL ADDRESS: _____

Emergency Contact: _____ (H) _____ (W) _____

Request for Permission: I, the above referenced youth athlete's parent/guardian, hereby register my child to participate in the above listed sport.

Assumption of Risk of Injury: I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a Branch volunteer youth coach. I agree to follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that neither the volunteer youth coach nor the Branch can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in youth athletics.

Release: In consideration of the Central Family YMCA allowing my child to participate in youth athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Central Family YMCA, the YMCA of Northwest North Carolina, Inc. and their respective volunteer youth coaches, officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA athletics, activities, field trips or the above-described sports activities; and do hereby expressly assume the risk of injury associated with participation in said sports activities.

Photographs. Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child. **Parent Initials:** _____

Transportation: Parents are responsible for providing transportation for their child to and from practice sessions and games.

Certification of Child's Fitness and Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically able to safely participate in the sports activity for which he or she has been registered.

In addition, I understand that in the case of the illness or injury of my child the Branch will try to notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including, but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Name of insurance company: _____ **Insurance Policy Number:** _____

If your child has any allergies, asthmatic conditions or the like which the Branch should be aware, please list: _____

IN WITNESS WHEREOF, I have executed this Permission, Waiver/Release and Medical Certification for with full knowledge of its contents on this the _____ of _____, 20_____.

Parent/Guardian Signature _____ Print Parent/Guardian Name _____

Please Note: If you are willing to participate as a volunteer in support of this program, please check one (1) or more of the following:

Coach Assistant Coach Referee Character Development Leader

For Office Use Only:

Date Registered: _____ / _____ / _____ Registered By: _____ Amount: _____