

Mini Hoops Basketball Camp

The Central Family YMCA with the help of Monty Gray and One on One Basketball is proud to introduce its annual Mini Hoops Basketball Camp. This half-day, three-day camp is intended for the young basketball enthusiast in your family. In this camp, children ages 5–7 years old will learn important basketball skills and character traits that will not only help them on the court but also will help them in their daily activities.

Taught by Monty Gray and his staff of basketball experts, this camp is just what your child needs to improve their basketball game in preparation for the Winter YBA season or in accordance with the summer YBA season.

This camp will allow your child to receive quality instruction on important basketball skills. This will allow them to develop positive basketball habits to improve their ability on the court. Do not miss out on the opportunity to have your child improve their basketball prowess at the Central Family YMCA.

Program Information

Costs: \$55 for members, \$80 for non-members

Ages: 5–7 years old

Dates: July 14–July 16

Time: 9:00am to 12:00pm

**(Staff will be on hand for drop-off starting at 8:30am
and for pickup until 1:00pm)**



All checks must be made out to the Central Family YMCA. For more information visit: www.1on1basketball.com or call Monty Gray at 992-HOOP (4667). To further inquire about the program please contact the Sports Director, Joel ZendeI at 721-2100 , ext. 2080 or email at j.zendel@ymcanwnc.org. Financial Assistance is available thru our Open Doors Policy.

**YMCA of Northwest North Carolina
Central Family YMCA Branch
Registration for 2008 Mini Hoops Basketball Camp
(Please Print)**

PLAYER _____
Last First Nickname

AGE: _____ BIRTH DATE: ____/____/____ 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/ays 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: _____