

PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

PARENT AGREEMENT

I _____ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

All documents are available online at www.spymca.org/forms

Parent/Guardian Signature _____
Date _____

VALUE ADDED

The Stevens Point Area YMCA has added value to your family membership. Youth basketball is only \$5 with your YMCA family membership. There will be a one time \$15 universal uniform fee. Uniforms can be used over multiple sports. Replacement fee: \$15.

YMCA FINANCIAL ASSISTANCE POLICY

The Stevens Point Area YMCA believes in providing membership and program services to all who desire to participate. The YMCA's financial assistance program, supported in part through contributions to the annual and United Way campaigns, provides membership and program funding for those in need within our available resources.

CREDITS & REFUNDS

If the YMCA cancels a class or if the participant has a medical excuse, a credit or refund will be made. Classes not held for holidays or due to inclement weather are not refundable.

ABUSE PREVENTION

Your child's safety is our priority. That is why the Stevens Point Area YMCA established abuse prevention program. Background checks and references are completed on all employees and volunteers. To view the YMCA Code of Conduct or to learn more about how the YMCA takes steps to protect children, please contact the Program Director, Michael Prince, or the YMCA Executive Director, Sharon Johnson.



STEVENS POINT AREA YMCA

1000 Division Street
Stevens Point, WI 54481



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GET IN THE GAME

2018 Fall Youth Basketball STEVENS POINT AREA YMCA



YOUTH BASKETBALL Grades K-6

This Co-Ed program emphasizes skill development and fun! 12 Week program gives participants more time to develop better skills. During the first two weeks 2-6 grade teams will practice and the remaining 10 will be games against opposing teams; K-1 grade will practice for 6 weeks and have 6 weeks of games. Small baskets and basketballs are used (age appropriate) so that each child has a chance for success. A dribbling/ball handling clinic will be available to all registered participants Friday, January 4.

- Saturdays, 8:30 a.m.-1:30 p.m.
- October 27, 2018-February 9, 2019
- Times will vary due to registration; exact times will be provided by the Wednesday before the first Saturday (available on www.spyymca.org/forms).
- No Games November 10, 24; January 5, 26

| FEES | Through Oct. 15 | After Oct. 15 |
|-----------------|--------------------|------------------|
| Y Family Member | \$5 | \$15 |
| Y Youth Member | \$59 | \$69 |
| General Public | \$74 | \$84 |

Jersey Fee \$15 (If needed)



For More Information

Please contact:

Michael Prince

Youth Sports Director

P 715 342 2980 ext 331

Registration/Coaching Forms

Please drop off or mail to:

Stevens Point Area YMCA

1000 Division Street

Stevens Point, WI 54481

LITTLE DRIBBLERS Ages 4-6

7-week Coed Program for the young basketball fan!

- Parents will be asked to assist with stations.
- Begins Saturday, January 12, 2019.
- Held at YMCA All Purpose Room (APR)
- Registration form is not required

Times (Register for a time—space is limited)
9:45 a.m., 10:30 a.m., 11:15 a.m. - 12:00 p.m.

| FEES | Through Jan. 7 | After Jan. 7 |
|-----------------|-------------------|-----------------|
| Y Family Member | \$5 | \$15 |
| Y Youth Member | \$33 | \$43 |
| General Public | \$59 | \$69 |

ROOKIES BASKETBALL CLINIC

Grades K-4

This clinic is an instructional class for children interested in the sport of basketball. Participants will learn basketball basics and skill development. Held in the YMCA Gym.

- Mondays, September 18 - October 18
- Grade K-1: 4:30-5:10 p.m.
Grade 2-4: 5:15-5:55 p.m.
- Registration form is not required

Y Member \$25, General Public \$46

Yes! I'd like to coach a youth basketball team!

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Child's name _____

E-mail _____

YMCA YOUTH BASKETBALL REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

School _____ Grade _____ Age _____

Birth date _____ Weight _____

Parent/Guardian _____

Phone* _____

*If cell phone, please list provider _____

E-mail _____

Male Female (required)

Y Family Member \$5

Y Youth Member \$59 General Public \$74

[Please add \$10 late fee if registering after October 15]

\$_____ (Program Fee) + \$15 Jersey Fee (if needed) = \$_____

Cash Check Visa Mastercard

Account Number _____

Expiration Date _____

Print name of Card Holder _____

Signature _____

AGREEMENT

I hereby certify that the above participant is in good health and capable of safe participation in the YMCA program. I assume all risks and hazards incidental to the conduct of this program. Where applicable, I hereby authorize the YMCA to obtain medical treatment for this participant in the event that a parent or guardian cannot be reached.

I support the YMCA philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

I understand that where applicable, the YMCA will do its best to place the below participant on an equally distributed team talent.

There are no guarantees that the person/team requested will be placed on his/her team.

Player/Team Request _____

Parent/Guardian's Signature _____

Date _____

(PLEASE ALSO SEE THE PARENT/ATHLETE AGREEMENT ON BACK)