

## 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](http://www.spymca.org/forms)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## VALUE ADDED

Basketball Madness is included with your YMCA family membership for only \$10 per season. There is 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 Youth Sports Coordinator, Jon Gutierrez.



## STEVENS POINT AREA YMCA

1000 Division Street  
Stevens Point, WI 54481



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HAVING FUN IS MADNESS!

2020 Spring Youth Basketball  
STEVENS POINT AREA YMCA



# BASKETBALL MADNESS

Grades K-6

This 7 week Co-Ed program allows the participant an opportunity to play like the college athlete, while emphasizing skill development and fun. First week will be practice, with games the next six.

- Saturdays, February 8-April 4  
(No games during Spring Break, March 21)
- K-1 Grade - 8:30AM or 9:15AM  
2-3 Grade - 10AM or 11AM  
4-6 Grade - 11AM or 12PM

Exact times will be provided after registration. Times may vary from week to week.



## FEES

		After Feb. 3
Y Family Member	\$10	\$20
Y Youth Member	\$33	\$43
General Public	\$59	\$69

\*If your child needs a jersey, they can be purchased at Member Services for \$15 each.

Schedules/rosters will be available online at [www.spyymca.org/forms](http://www.spyymca.org/forms) by Wednesday before first Saturday.

If you have any questions, please call Jon Gutierrez, Youth Sports Coordinator, 715 952 9364.

Please drop off or mail form(s) to:  
Stevens Point Area YMCA  
1000 Division Street  
Stevens Point, WI 54481

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Child's name \_\_\_\_\_  
E-mail \_\_\_\_\_

Please drop off or mail form(s) to:  
Stevens Point Area YMCA  
1000 Division Street, Stevens Point, WI 54481

## 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 \_\_\_\_\_  
(required)

Male  Female

Y Family Member \$10\*

Y Youth Member \$33\*  General Public \$59\*

\*Add \$10 if registering after February 3

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

Cash  Check  Visa  MC  DS  AmEx

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)