



2009 Youth Basketball League Registration Form

Morris Family YMCA • Mail to: 749 Houbolt Rd, Joliet, IL 60431 • 815-729-9622 • fax: 815-729-9628

Registration Begin Dates: Full Member 8/3/09, Program Member 8/10/09 Registration Deadline: 11/14/09

Practices: Weekday evenings starting November 30th. Games: Saturdays January 9 - February 27

Child's Information: Please print clearly with complete information.

Child's Name: _____ Male Female Date of Birth: _____

Address: _____ AGE AS OF SEPTEMBER 1: _____ SCHOOL: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Does your child take any medication? Yes No Please list: _____

Does your child have any allergies, including food? Yes No Please list: _____

Please describe any current health conditions requiring medical attention, treatment, or special consideration (including past injuries): _____

I certify the applicant is capable of participating in this program. I understand that YMCA Staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from YMCA Staff. I authorize the Greater Joliet Area YMCA to secure emergency medical treatment for my child, if necessary, provided that every effort to reach me is made as the nature of the emergency permits. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child. I also agree to waive any claims against the YMCA, its members, staff, and volunteers for injuries or damages that may result from the conduct from other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expenses and I agree to pay any that may occur.

Parent/Guardian Signature _____ Date _____

Youth Basketball League: Games and practices at White Oak Elementary.

Bring completed form and payment to the YMCA. You may also mail or fax your form along with payment to the YMCA. Please do NOT drop off forms at the schools.

League Choice:

- Kindergarten 6SY6K Coed
- Grades 1-2 6SY601 Coed
- Grades 3-4 6SY603 Coed
- Grades 5-6 6SY605 Coed

Group Practices:

- Weeks of 11/30 and 12/7
- Mon:** 6-7pm Kindergarten, 7-8pm 1st Grade
- Tues:** 6-7pm 2nd Grade, 7-8pm 3rd Grade
- Thurs:** 6-7pm 4th Grade, 7-8pm 5th-6th Grade

Shirts Size:

- Youth:** Medium Large
- Adult:** Small Medium Large Extra Large

League Fee:

- \$70
- *fee includes team t-shirt and gift of recognition*

List names of preferred team mates _____ My child can NOT practice on: Mon Tues Thurs

WANTED: VOLUNTEER COACHES AND SPONSORS

Make a difference in a child's life by serving as a volunteer youth sports coach or sponsoring a team.

Simply fill out and return the form below. For more information, contact 815-729-9622 or membership@jolietyymca.org.

All volunteers must complete a Volunteer Application and agree to submit to a Background Check.

Yes! I want to be a Sponsor!

Company Name: _____

Address: _____

Contact Person: _____

Phone: _____

Email: _____

Team Choice(s) _____

Sponsorship Fee: \$150 per team Total Sponsorship Fees: \$ _____

Make checks payable to the YMCA and enclose with form or complete the credit card information.

Credit Card: *Number* _____

Exp. Date _____ *3 Dig Code* _____ *Type* _____

Yes! I want to be a Volunteer Coach!

Name: _____

Address: _____

Phone: _____

Email: _____

Team Choice: _____

T-Shirt Size: _____

Preferred Practice Day and Time: Mon Tues Thurs 6pm 7pm

SAVE THE DATE!

Mandatory Coaches Meeting November 21st at 9am at the Morris Library.

Parent/Family Information

Parent/Guardian Name: _____

Address: _____

Employer: _____

Parent/Guardian Name: _____

Address: _____

Employer: _____

Child(ren) lives with: Both Other _____

Is either Parent/Guardian a Greater Joliet Area YMCA staff member? Yes No

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Preferred method of contact: day cell evening email

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Preferred method of contact: day cell evening email

Payment/Enrollment Contact: _____

Full-time Part-time

Emergency Contact (other than parent/guardian)

Please list the full name, complete address, and phone number(s) of those to whom the Greater Joliet Area YMCA may contact for emergency purposes involving your child(ren). **You must list at least two (2) contacts.**

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

I give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that YMCA staff and volunteers are not allowed to babysit children at any time outside of the YMCA Program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

Parent/Guardian Signature _____ **Date** _____

Parent Statement of Understanding

I, _____, **have read & understand the policies listed below:**

- I give permission to photocopy all forms.
- I also give my permission to the YMCA to use all photos, videos, voice, and images taken of the applicant for purposes, which the YMCA may deem appropriate.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged, or stolen articles.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party, or disruptive behavior can not be made up, credited or refunded. (see the program brochure for the complete refund policy).

Parent/Guardian Signature _____ **Date** _____

Staff will complete information below.

Payment Information: Mailed in registrations should include a check. Faxed registrations should call ahead and provide a debit/credit card over the phone before faxing.

Check *Make checks payable to the YMCA.*

Debit/Credit Card *Visa, MC and Discover accepted.*

Cash *if paying in person*

Help YMCA Families in Need : Your gift makes a difference by keeping the YMCA "Open to All" regardless of financial circumstances.

I wish to make a single gift of \$ _____

Please bankdraft \$ _____ total over _____ months.

I am unable to make a gift at this time.