



# 2011/2012 Troy Youth Basketball League Registration Form

Greater Joliet Area YMCA • 749 Houbolt Rd., Joliet, IL 60431 • (815) 729-9622 • fax: (815) 729-9628

Fill out and return the form below or contact Aaron Towler at (815) 726-3939 x414 or atowler@jolietyymca.org

Registration Begin Dates: 9/01/11 Registration Deadline: 11/13/11

Practices: Weekday evenings starting December 5, 2011 Games: Saturdays starting January 7, 2012

## Participants Information: Please print clearly with complete information.

Participants Name: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

AGE AS OF SEPTEMBER 1: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address (Parent) : \_\_\_\_\_

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:

Bring completed form and payment to your school or register online at www.jolietyymca.org. Games and practice locations to be announced. Team formation is by lottery - we can't guarantee specific team or coach requests.

### League Choice:

Grades 1-2 Coed

Grades 7-8 Coed

Grades 3-4 Coed

Grades 5-6 Coed

### Shirts Size:

Youth:  Small

Medium

Large

Adult:  Small

Medium

Large

Extra Large

### League Fee:

\$70\*

## 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 or contact Aaron Towler at (815) 726-3939 x414 or atowler@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: \_\_\_\_\_

Basketball

Sponsorship Fee: \$150 per league, 3 leagues for \$300

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: \_\_\_\_\_

## SAVE THE DATE!

Volunteer Coaches Meeting December 13th location TBD.

## 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

**Child's Name** \_\_\_\_\_ **Grade in Fall** \_\_\_\_\_

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** \_\_\_\_\_