



GREATER JOLIET AREA YMCA

2018 YOUTH SPORTS LEAGUE REGISTRATION FORM

Please bring your completed form and payment to the YMCA. To register online, please visit www.jolietymca.org.

STAY CONNECTED

Yes, I would like to receive text and email updates regarding practice and game schedule changes. Please sign me up to receive updates.

LEAGUE: Basketball Baseball Flag Football Summer Soccer Fall Soccer

LEAGUE LOCATION: C.W. Avery Family YMCA
 Galowich Family YMCA Galowich Family YMCA - Offsite (Location TBD)
 Smith Family YMCA
 Morris Community YMCA Morris Community YMCA - Coal City (Basketball only-Grades 1-5)

CHILD INFORMATION: Please print clearly with complete information.

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

Preferred Contact Number: _____ Preferred Email: _____

Grade (Fall 2018/2019): _____ School: _____

League Choice: Age 4-K (Co-ed) Grades 1-2 (Co-ed) Grades 3-4 (Co-ed) Grades 5-6 (Co-ed) Grades 7-8 (YBL Only) Grades 9-12 (YBL Only)

Shirt Size: Youth: Small/6-8 Medium/10-12 Large/14-16 **Adult:** Small Medium Large X-Large

Coach Request: _____ **Evenings Unavailable to Practice:** (Limit to two evenings, ONLY) Mon. Tue. Wed. Thu.

Player Request: _____ Team formation is by lottery-we can't guarantee specific team, player or coach requests.

PARENT INFORMATION:

Parent 1 Name: _____ Male Female E-mail Address: _____

Cell Phone: _____ Cell Phone Carrier: _____ Work Phone: _____

Parent 2 Name: _____ Male Female E-mail Address: _____

Cell Phone: _____ Cell Phone Carrier: _____ Work Phone: _____

Child resides with: Both Parent 1 Parent 2 Guardian Other

Please check if both parents want to receive team orientation emails regarding team and coach designation along with general league information.

All participants must maintain an active membership in good standing throughout the duration of the program.

Facility or Community Membership is required for participation in all YMCA programs.

EMERGENCY CONTACTS & RELEASE:

Name(s) and Phone Number(s) of person(s) OTHER THAN PARENTS, over 16 years of age, allowed to pick up your child:

(Please note: Only individuals listed on this form may pick up your camper.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.

Allergies: Please put N/A if your child does not have an allergy

Food/Medication/Other: _____

Specific activities that are restricted for health reasons: _____

WANTED: VOLUNTEER COACHES

Make a difference in a child's life by serving as a volunteer youth sports coach or by sponsoring a team. To volunteer, simply complete the information to the right or contact your branches sports department. All volunteers must complete Volunteer Application paperwork, online trainings and agree to submit to a background check.

YES! I WANT TO BE A VOLUNTEER COACH!

Name: _____

Address: _____

Cell Phone: _____ Email: _____

Shirt Size: Small Medium Large X-Large 2XL 3XL

FOR OFFICE USE ONLY

Staff Initials: _____ Date: _____

Comments: _____

WE CAN DO SO MUCH MORE BECAUSE OF YOU

Every kid deserves a chance to play. Help ensure that all children have access to our sports programs by adding a one-time contribution to the YMCA to your registration fee.

\$1 \$5 \$10 Other _____

To learn about other ways to give, contact us at (815) 782-0809 or bhalliday@jolietyymca.org.

YES! I WANT TO BE A SPONSOR!

Company Name: _____ Address: _____

Contact: _____ Email: _____

Baseball Soccer Football Basketball

Sponsorship Fee: \$150 per teams, 3 teams for \$300

Total Sponsorship Fee: \$ _____

Please make checks payable to the YMCA and enclose with form or complete the credit card information below:

Credit Card #: _____ Type: _____ Exp. Date: _____ 3 Dig. Code: _____

PARENT STATEMENT OF UNDERSTANDING:

I, _____, have read and understand the policies listed below:

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.

I authorize the Greater Joliet Area YMCA to release my child(ren) to the person(s) listed above. I also 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 my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. 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.

- 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 that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party or disruptive behavior cannot be made up, credited or refunded (see the program brochure for the complete refund policy).

Parent/Guardian Signature: _____ Date: _____

LEAGUE CONTACT INFORMATION:

C.W. AVERY FAMILY YMCA

Maria Romero, Youth & Adult Sports Director
Phone: (815) 267-8600, ext. 217
E-mail: mrromero@jolietyymca.org

GALOWICH FAMILY YMCA & SMITH FAMILY YMCA

Michael Taylor, Youth & Adult Sports Director
Phone: (815) 744-3939, ext. 307
E-mail: mtaylor@jolietyymca.org

MORRIS COMMUNITY YMCA

Ken Iverson, Sports Manager
Phone: (815) 513-8080, ext. 512
E-mail: kiverson@jolietyymca.org

MORRIS- COAL CITY LEAGUE

Ken Miller, League Coordinator
Phone: (815) 513-8080
E-mail: kwmiller414@yahoo.com