



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA WINTER BASKETBALL

UNLEASH  
THE ATHLETE



At the Silver Falls Family YMCA we believe that every kid deserves the opportunity to learn a sport, develop fundamentals, build confidence, and continue in the game. We want to keep kids participating in physical activity regardless of ability to play or pay. In doing so, we encourage healthy competition, the value of participation, team building, individual development, positive self-image, and a sense of fair play.

REGISTRATION DEADLINE: January 5

COST: Before Dec. 23rd: Member: Free | Non-Member: \$65  
After Dec. 23rd: Member: \$10 | Non-Member: \$75

GRADES: Kindergarten - 6th grade

START DATE: The week of January 15th

## ADDITIONAL INFO:

### Practice

Times and locations to be determined, practices will occur between 6P - 9P.

Games on Saturdays

For more information, visit [www.theYonline.org](http://www.theYonline.org) or contact  
Joseph Dyer | [Jdyer@theYonline.org](mailto:Jdyer@theYonline.org) | 503 873 6456

SILVER FALLS FAMILY YMCA

601 Miller St. Silverton, Oregon | (P) 503 873 6456 | [www.theYonline.org](http://www.theYonline.org)



# Youth Sports Registration Form

Family YMCA of Marion & Polk Counties

Everyone plays at the YMCA

Many Scholarships available, please ask if you need assistance.

Program:  Basketball  Flag Football  Soccer  Volleyball  Wrestling  Track  Gymnastics  Cheer  
Branch:  Monmouth/Independence  Salem  Silverton  Stayton

Please Note: Be sure to fill out all information as fully and clearly as possible in order to get accurate information to you.

Child's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex:  Male  Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Seasons of experience (Sports Leagues Only): \_\_\_\_\_

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

Primary Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_ Second E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_ Would you like text alerts:  Yes  No  
\*All texts only regard your program information.

The YMCA Youth Sports programs depend on volunteers! I \_\_\_\_\_ would be willing to support the program as a:

Coach  Assistant Coach  Referee  Score Keeper  Team Parent  Donor/Sponsor

\*All volunteers are subject to a background check.

Healthy Pledge (Sports Leagues Only): Do you agree to bring only water and healthy snacks (fruits, vegetables, etc.) to games and practices? There is a \$5 fee that will be added if you disagree. Initial One: \_\_\_\_\_ Agree \_\_\_\_\_ Disagree

Would you like to make a donation to our "For a Better Us" campaign?  \$5  \$10  \$20  Other: \_\_\_\_\_

### Consent Form - Please Read and Sign

I realize that this and all Family YMCA of Marion & Polk Counties Programs involve certain inherent risks, and regardless of precautions taken by the YMCA or the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this YMCA program. I agree to forever release, discharge, and covenant not to sue the YMCA for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the YMCA. I will indemnify and hold the YMCA harmless from any and all claims made by others. I assume all the risks and hazards incidental to the conduct of YMCA programs and I do further release, absolve, indemnify, and hold harmless the YMCA, the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff, or any of the supervisors appointed by them. I understand that there is a possibility my child may be asked to move to a different class time if the minimum enrollment is not met. I also acknowledge that participants may be photographed providing opportunity for YMCA promotions.

### Minor Medical Release and Consent Form

As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the event of a medical emergency as deemed necessary by the attending physician.

### Payment Details

I understand that payment in full is due at time of registration and that there is a \$25 NSF fee for all returned checks, EFT, debit card, credit card or ACH payments. I will pay the NSF amount plus the NSF fee immediately upon my payment being returned to me by the YMCA.

### Cancellation Policy

I understand that if I remove my child from a sport that is currently in season then I will not receive a refund. If I remove my child from a sport 30 days before the season has officially started then I may receive a refund that could take up to 21 business days. If I cancel my athlete within 30 days of the season starting, I may be eligible for a system credit that will expire in 6 months. If I cancel my family membership during the season, I will be charged the non-member rate for that particular sport.

~~Call for more information or to register your child at the Family YMCA of Marion & Polk Counties.~~

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Staff Taking Form: \_\_\_\_\_ Date: \_\_\_\_\_ Sports Season: Winter Spring Summer Fall

Amount Paid: \$ \_\_\_\_\_ F/A Amount: \$ \_\_\_\_\_ Was a Jersey Purchased?  Yes  No

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