

YMCA Youth Sports



REGISTRATION: OCTOBER 1 – DECEMBER 13

Winter Basketball

Ages: 4-14

Registration Fees

**\$50-Members
\$75 Community
Participants
\$20 Late Fee
(DEC 14-17)**

Financial Assistance

Calhoun YMCA activities are designed to benefit persons of all background and fees are based on the cost of providing each program. While participants are expected to pay their fair share, when financial assistance dollars are available, the YMCA will assist any individual or family that wants to participate but cannot afford the fee.

**Calhoun County YMCA
713 HWY. 35 S.
Port Lavaca TX.
77979
(361)-551-2562**

Child's Name: _____ Gender: Male Female
Age: _____ DOB: _____ Grade: _____ 136079
School: _____
Address: _____ City/State: _____
Parent Name: _____
Primary Phone #: _____ Secondary Phone #: _____
Parent E-mail Address: _____
Child's Jersey/Shirt Size: Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large
Child's Previous Sport experience: None Moderate Extensive
***WE DO NOT HONOR COACH OR PLAYER REQUEST!**

***** VOLUNTEERS NEEDED *****

I would like to Volunteer as a _____ Coach _____ Assistant Coach
Your Name: _____ Phone
Number: _____
Email
Address: _____ 127088
Your Shirt Size: Adult S M L XL XXL XXXL
I would like to donate to the Calhoun County YMCA Youth Sports program to assist a child in need of financial assistance. Yes No

Calhoun County YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore in exchange for the Calhoun County YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the Calhoun YMCA and its staff from all liability for any injury, loss, or damage connected in any way whatsoever to participate in YMCA activities whether on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the Calhoun YMCA, its staff, directors, members and guests. I have read and voluntarily agree to this authorization and release.
Authorization of emergency Medical Treatment. If my child should become ill or injured during a YMCA activity, I understand that the YMCA will (1) contact me immediately or, (2) contact the person I have designated as the emergency contact person. If the YMCA is unable to reach me or the person designated, the YMCA is authorized to arrange for immediate emergency treatment necessary to ensure my child's health and safety. I accept responsibility for payment of medical services rendered. **Photo/video Release.** I grant permission to the Calhoun YMCA to use photographs and videotapes taken of my child for YMCA publication purposes.

Refund Policies: Participants may cancel registration for a program session for any reason and will receive a full refund or credit under these conditions: the request for refund must be completed 48 hrs. prior to the close of registration (sports programs) ,or 48 hrs. before the start date of the program (classes) whichever occurs first. NO REFUNDS WILL BE GIVEN IF PARTICIPANT CANCELS LESS THAN 48 HRS. PRIOR TO THE START DATE OF A SESSION.

I have read and understand the above information above. My child has permission to participate in the YMCA Youth Sports Program with the conditions set forth.

Parent/Guardian Signature:

DATE: _____