



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PASS SHOOT SCORE!

WINTER YOUTH BASKETBALL

Join us this Winter with our last session of Youth Basketball at our current facility! Our leagues emphasize teamwork, skill building, and most of all-FUN! Individuals of every ability and experience are welcome to play. Our league includes 1 weekly practice per team. This practice will last one hour and is chosen by the volunteer coach. Games and practices will be held either at the YMCA gymnasium or the YMCA Sports Center.

Register your child(ren) at the main Y on Fulton Street or over the phone from October 4–November 15

AGES

Currently in Grades 1–4

WHEN

November 26– January 26
7 weeks of games– NO GAMES on 12/22 & 12/29

WHERE

YMCA Gymnasium, 215 E. Fulton Street, Mount Vernon, WA 98273

FEE

Member: \$64/player
Program Member: \$74/player

* Program Members (anyone without a full YMCA membership) are required to pay an additional annual fee \$15 per person (\$25 for two children, or \$30 for families with three or more) to register for all for YMCA programs.



CONTACT

Sports Director, Jacob Clem
j.clem@skagitymca.org or call 360 336 9622

SKAGIT VALLEY FAMILY YMCA

215 East Fulton Street, Mount Vernon WA 98273
P 360 336 9622 **F** 360 336 9624 **W** skagitymca.org

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2018 WINTER YOUTH BASKETBALL REGISTRATION

NAME _____

BIRTHDAY _____ AGE _____ GENDER _____

GRADE _____ SCHOOL _____

PARENT/GUARDIAN _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME _____ CELL _____ WORK _____

EMERGENCY CONTACT _____ PHONE _____

SPECIAL CONSIDERATIONS (i.e. health conditions, medication, allergies, etc.) _____

SHIRT SIZE (circle one) YM YL AS AM AL

VOLUNTEER COACHES NEEDED!
TEAMS WITHOUT COACHES WILL BE CANCELLED

VOLUNTEER NAME (print) _____ PHONE _____

EMAIL _____ SHIRT SIZE _____

*** COACHES MEETING · TUESDAY · NOVEMBER 20 · 7:00PM · SPORTS CENTER ***

PARTICIPATION & RELEASE OF LIABILITY

RELEASE/PARTICIPATION: I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers, or guests.

MEDICAL TREATMENT: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

INSURANCE: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

MEMBER CONDUCT: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Skagit Valley Family YMCA. YMCA participation excludes Level 2 and Level 3 Registered Sex Offenders.

PROPERTY LOSS: The YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

PHOTOGRAPH PERMISSION: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting Y programs.

PARENT/GUARDIAN (print) _____

SIGNATURE _____

DATE _____

OFFICE USE ONLY			
AMOUNT PAID			
DATE	CODE: 06-1331		
CASH	CHECK	CARD	FA
STAFF INITIAL			