

YMCA of DeKalb County, Inc.
YSPORTS™

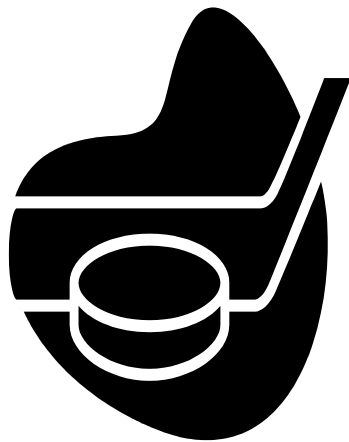
We build strong kids, strong families, strong communities.

NEW Youth Sports Programs starting January 2010!

Sports Buddies -This parent and child program is for ages 3-5. Coach Brian Bigelow will help guide the parent and child through basic warm-up and practice skills that lead up to the development of a variety of sports programs. This program is designed for the novice parent who wants help learning the basics to develop their future athlete. This 6 week program will meet on Monday nights at the Main Street YMCA from 6:30-7:15pm and will explore the sports of Basketball, Soccer and Whiffle Ball.



Participants must register by January 8, 2010.
Program begins Monday, January 11, 2010.
Cost: \$15 Members \$30 Non-Members



Floor Hockey – Youth ages 5-11, join Coach Brian Bigelow as we warm-up inside during the winter for 6 weeks of recreational fun. Participants will learn the rules of floor hockey, warm-up drills and skill development followed by recreational games during each session. Team development and sportsmanship will be encouraged. This program will meet on Tuesday evenings at the Main Street YMCA, starting on January 12, 2010.

Participants must register by Friday, January 8, 2010.
Parent volunteers are requested to help with this program. If interested please indicate this on your registration form.
Ages: 5-7, 6:00-7:00pm and 8-11 year
Cost: \$20 Members and \$30 Non-Members

Whiffle Ball – Youth ages 5-11, join Coach Brian Bigelow for 6 weeks of recreational fun playing Whiffle Ball. Participants will need to bring a ball glove and a great attitude while they learn the basics of the game, with warm-ups and basic drills, followed by recreational play each week. Team development and sportsmanship will be encouraged. This program will be meeting on Tuesday evenings at the Main Street YMCA, starting on February 23, 2010. (Program will not meet during spring break week) participants must register by Friday, February 19, 2010. Parent volunteers are requested to help with this program. If interested please indicate this on your registration form. Ages: 5-7 6:00-7:00pm and 8-11 year olds, 7:00-8:00pm Cost: \$20 Members and \$30 Non-Members

To register complete the form on the back and return with payment to any YMCA of DeKalb County, Inc. facility. For more information please call 925-9622.

YMCA of DeKalb County, Inc.

Please Check the Program that you are enrolling for

- YBL (Youth Basketball) AUSL (Youth Soccer) PNO (Parent's Night Out) Y-Zone (Teen Night)
 Safe Sitter Sports Buddies Floor Hockey Whiffle Ball Other: _____

Date of Program: _____

Child and Family Information: Want to Coach Want to be an Assistant Coach Team Parent

Child's name: _____ Age: _____ Grade: _____ (Fall '09)

Name child is called: _____ Birth date: _____ M / F

Child's address: _____

Child's phone: _____

Medical restrictions or conditions: _____

Allergies: _____

Other comments about your child: _____

Mother's Name: _____ **Father's Name:** _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Email: _____ Cell phone: _____

Who does child live with?: _____

Emergency Phone Numbers

(Name) (Phone and/or cell #) (Relationship to child)

(Name) (Phone and/or cell #) (Relationship to child)

Participant Waiver and Medical Release

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of DeKalb County for any non-profit purpose, including, but not limited to observation or use of facilities of equipment, or participation in any off-site program affiliated with or personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA of DeKalb County for observation or use of any facilities or equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA of DeKalb County FOR ANY NON-PROFIT PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA of DeKalb County, OR USE OF FACILITIES AND EQUIPMENT MANAGED BY THE YMCA of DeKalb County, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS AND RELEASE the YMCA of DeKalb County, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, cost and expenses, may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned using and facilities or equipment of the YMCA of DeKalb County or managed by the YMCA of DeKalb County THE UNDERSIGNED further agrees that the foregoing INDEMNITY AGREEMENT and GUEST RELEASE is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE IMDEMNITY AGREEMENT and GUEST RELEASE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name _____ Date _____

Parent/Guardian Signature _____ Relationship _____ Date _____

Physician's Name _____ Phone: _____

Release and Pick Up Information

Please list the names and phone numbers of the persons who may pick up your child.

Name: _____ Phone: _____ Cell _____

Name: _____ Phone: _____ Cell _____

Registration Fee Paid (date) _____ Member / Program / Participant