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FOR HEALTHY LIVING
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SHOOTING HOOPS, MAKING FRIENDS

K-6th Grade Tiger Summer Basketball Camp MONTGOMERY COUNTY FAMILY YMCA

This camp is open to girls and boys entering Kindergarten - 6th grade this fall. ROHS Head Coaches Dan Pollock and Maddie Gelber will lead the camp. The camp will focus on the fundamental skills of basketball - dribbling, passing and shooting. Youth Coaches are invited to attend to see the drills that Coach Pollock and Coach Gelber would like incorporated into the youth program.

- If program is cost prohibitive, scholarships are available through the YMCA. Stop by or contact the Y @ 712.623.2161 for more information.

WHEN: Mon. - Thurs., July 9th - 12th
TIME: K-3rd Grade: 1 PM - 2:30 PM
4th - 6th Grade: 2:30 PM - 4 PM
COST: \$25
DEADLINE: **FRIDAY, JULY 6TH**
LOCATION: MONTGOMERY CO. FAM. YMCA
101 E. Cherry St.
Red Oak, IA 51566
712.623.2161
www.MCYMCA.com





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2018 TIGER SUMMER BASKETBALL CAMP

Return to YMCA or Register Online: www.MCYMCA.com/OnlineRegistration

Participant's Name: _____
 Address: _____ City, State, Zip: _____
 Parent/Guardian Name(s): _____ Contact #: _____
 Grade Entering Fall 2018: _____
 Medical Insurance Company/ Policy Number: _____
 Allergic Reactions: _____
 Medications Currently Taking: _____
 Any past illnesses or other information that would be useful in the event medical treatment is necessary: _____

THE UNDERSIGNED parent(s)/guardian(s) of _____, who is a child under the age of 18 years, with understanding of the potential risks of injury to the child by reason of the child's participation in the following activity: **Tiger Summer Basketball Camp** does/do hereby consent to the child's participation in the activity.

The potential risks of participation include, but are not limited to, the risk of injury to the child from contact with other participants and contact with or use of equipment used in the activity.

The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in the activity.

By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury to the child by reason of the child's participation in the activity.

THE UNDERSIGNED provide the following contact information to obtain consent to treat the child in the event of injury or illness during participation (PLEASE PRINT):

Name (Parent/Guardian)	Address	Telephone No.
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If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.

Parent/Guardian Signature	Print Name	Date
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