



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DRIBBLE SHOOT SCORE!

**ONLINE
REGISTRATION NOW
AVAILABLE!**
Visit www.MCYMCA.com/OnlineRegistration for more info

1st & 2nd Grade Youth Basketball Fundamentals MONTGOMERY COUNTY FAMILY YMCA

1st & 2nd grade participants are given an advancement breakdown of the basketball fundamentals that were presented in Sprouts & Giants Basketball program. Program lasts 5 weeks with each session lasting 45 minutes.

- Parents are required to attend.
- **Limited enrollment for this program.**

WHEN: Sundays, Jan 21st - Feb 18th
TIME: 2:15 - 3:00 PM
REGISTRATION: Y-Members - Jan. 2nd - Jan. 19th
Potential Members - Jan. 8th - Jan. 19th
COST: Family Membership - FREE
Youth Membership - \$30.00
Potential Member - \$60.00



MONTGOMERY COUNTY FAMILY YMCA
101 E. Cherry St., Red Oak, IA 51566
P 712 623 2161 F 712 623 4920 www.mcyymca.com



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1ST—2ND GRADE BASKETBALL REGISTRATION (JANUARY - FEBRUARY 2018 SESSION)
Or register ONLINE @ www.MCYMCA.com/OnlineRegistration

Participant name: _____ Gender: _____ Birthdate: ___/___/___
School: _____ Grade: _____

*Please fill in any new information below:

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1 name: _____ Home phone: _____ Cell phone: _____

Parent/Guardian 2 name: _____ Home phone: _____ Cell phone: _____

Email Address: _____

I will volunteer coach/assist (circle one). Name: _____ Contact # _____

Cost: **FREE – Family Membership** **\$30.00 – Youth Membership** **\$60.00 – Potential Member**

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: **YMCA's 1st-2nd Grade Basketball Program** 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 alternate emergency contact information to obtain consent to treat the child in the event of injury or illness during participation:

Name Address Telephone No.

If the alternate emergency 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

Program Sponsors: Houghton State Bank, Parker Hannifin and Red Oak Chrysler-Dodge-Jeep