



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA of the Palouse

### 3 on 3 Youth Basketball League

### REGISTRATION FORM

(Ages 11 – 14)

June 21 – July 9

This registration form and payment are due June 11<sup>th</sup>, 2021. Health guidelines will be followed set by the WA Department of Health and WIAA regarding the ongoing COVID-19 pandemic to match the current Whitman County Phase during the program. This includes mandatory face masks to be worn at all times, health screening at check in, and sanitation practices in place. A minimum of 18 youth is required to run the basketball program. If the minimum is not reached by June 11<sup>th</sup>, either the program will be modified or cancelled with full refund. Registrations cancelled by participants after May 21<sup>st</sup> are nonrefundable unless the program minimum is not met. Financial Assistance is available for those who qualify base on household income and household size. Any questions can be emailed to [info@palouseymca.org](mailto:info@palouseymca.org).

Participants may register as an individual to be placed on a team or choose their team members of up to 4 players (see Enrollment section). A participants age at the start of the program will determine the age division they will be placed in. Other requirements include a signed program parent release agreement, concussion awareness, and sudden cardiac arrest awareness acknowledgement form along with documentation of a passed physical within the last two years. Any passed physical documentation such as provided for school athletics is accepted.

#### PARTICIPANT INFORMATION

Child's first name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Month/Day/Year)

Does your child/ren qualify for free or reduced lunch in their district?  Yes  No

Please check the ethnic group the child identifies with: (Data used for grant applications and annual reports).

- White  Black or African American  Hispanic/Latino  Asian  
 Native Hawaiian or other Pacific Islander  American Indian or Alaska Native  Other

#### Shirt Size (Circle One)

Youth Small	Youth Medium	Youth Large	Youth X-Large	Small	Medium	Large	X-Large
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#### PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Parent(s)/Guardian(s) responsible for payments (print) \_\_\_\_\_



## ENROLLMENT

Please review the registration options below and mark each box appropriately.

**Individual Registration:** Will be placed on a team during the first 2 weeks.

**Team Registration:** Please provide a team name and list the first/last name of at least 3 to 4 players

Team Name: \_\_\_\_\_

Player 1: You

Player 2 \_\_\_\_\_ (Required)

Player 3 \_\_\_\_\_ (Required)

Player 4 \_\_\_\_\_ (Optional)

**Note: Each team player must complete their own registration form with the team name and players to match.**

If only registering 3 players, would you accept a 4<sup>th</sup> player selected by Y from individual registrations?

Yes \_\_\_\_ No \_\_\_\_

Cost for registration is \$75 per participant.

## EMERGENCY INFORMATION

In case of emergency, when unable to reach parent/guardian, call:

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Persons other than parent/guardian who may pick up child:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Medical information (MUST list allergies, current medications, or illness). If registering multiple children, please list child's name related to conditions.**

Does your child have an IEP, IHP, 504 Plan, IFSP, etc.?

Please share any additional information you would like the Y staff to have

## RELEASE AGREEMENT

### 1. Permissions: I give my permission for my child/ren to:

- a. use all play equipment and participate in 3 on 3 basketball program.
  - b. be given emergency treatment by qualified YMCA staff.
  - c. use hand sanitizer when hand washing facilities are unavailable.
  - d. be transported by ambulance to an emergency center for treatment.
2. In the event that I cannot be contacted, I further consent to the medical, surgical, hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.
  3. I will be responsible for all fees accumulated as a result of my child's registration and participation in YMCA programs. I understand that all fees are payable in advance and that program participation will be denied if payments are past due. All past due accounts will be referred to collections.
  4. I give permission for my child to be photographed for use in media and promotions of YMCA programs. If not giving permission, I will opt out via written request.
  5. **To the best of my knowledge, my child is in good health and is NOT showing any symptoms of illness, including an elevated body temperature. If my child shows any symptoms of illness, including an elevated body temperature, the YMCA will contact me, or my approved emergency contacts if I am not available, requiring immediate pick up. In the event any child or staff is sent home due to illness, parents will be notified.**
  6. **I understand that while the Y will do what they can to minimize risk of exposure to COVID-19, avoiding risk can not be guaranteed. Thus by registering my child/ren and having them attend the day camp program, as their parent/guardian, I the undersigned, assume all risk and liability.**
  7. **I understand that staff and participants will be required to wear facemasks at all times, and health screening questions will be asked at check in each day.**
  8. I understand that the YMCA has safety standards in its programs and that all activities will be properly supervised. The YMCA does not provide individual accident insurance; therefore, I will provide the necessary coverage in the event of an accident.
  9. The YMCA cannot be held responsible for problems related to a child's failure to receive the required immunizations.
  10. When leaving a child at the YMCA or program site, he/she must be signed in and make sure a program staff or volunteer is available to receive and supervise your child. The YMCA staff will not call to verify absences when a child is not signed in.
  11. The YMCA will release children only to people authorized by the parent/guardian.
  12. Y staff and volunteers are required by state law to report suspected child abuse. This will be handled confidentially through a staff person's supervisor and the program director.
  13. If the person picking up a child appears to be under the influence of drugs or alcohol, for the child's safety, that person will be asked to allow someone else on the authorized list to pick up the child. If that person insists on taking the child, the YMCA will make a report to the police and Child Protective Services. Please do not put our employees and volunteers in a position where they have to make this judgment call.
  14. Parents/Guardians may watch as spectators as long as the current phase for Covid-19 guidelines allows and those guidelines are followed. Any violations will required dismissal from program site.
  15. The YMCA takes all accusations of child abuse seriously. To protect **children**, staff and/or volunteers accused of abuse may be suspended from the program. To protect **staff and volunteers**, children and/or parents making false accusations of abuse may be suspended from the program.
  16. Weapons, including but not limited to, knives and or firearms are not allowed and may result in suspension

**Parent/Guardian Agreement:** I approve this registration, the above release agreement, and certify that my child is capable of such an experience. I also agree to pay ALL fees incurred by my child's registration and participation. I understand that cancellations/changes to my child(ren)'s enrollment status must be submitted, in writing, to the director of programs by May 21<sup>st</sup> to receive full refund minus a \$25 admin service fee. Cancellation of registration by the participant is nonrefundable after May 21<sup>st</sup>.

**I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE**

**Print Name of Parent/Guardian** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**PAYMENT OPTIONS**

**Credit Card:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **CVV Code:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  **VISA**  **MC**  **OTHER** \_\_\_\_\_

*\*Note – This is the best option to secure a registration or spot on waiting list. The Y will contact once registration and payment is processed. If the program is full, the Y will ask if registrant wishes to be placed on waiting list.*

**Pay over the phone: Best Number to contact for payment** \_\_\_\_\_

*\*Note - Once registration is received, the Y will contact for payment to secure registration or spot on waiting list in order of receipt and processing.*

**I will pay by check and mail registration form with payment to 105 NE Spring Street, Pullman WA 99163.**

*\*Note – Due to limited office hours, this option may not guarantee registration spot as the Y may not be able to process in a timely manner. The best opportunity for a quicker response is one of the two payment options above.*

**FOR OFFICE USE ONLY**

Date/Time Received: \_\_\_\_\_ Processed By: \_\_\_\_\_

Application Complete:  YES  NO      Payment Received:  YES  NO      Date Payment Received: \_\_\_\_\_

Missing Information: \_\_\_\_\_

Registration Spot Confirmed       Placed on Waiting List

