



GREATER JOLIET AREA YMCA 2017 YOUTH BASEBALL LEAGUE REGISTRATION FORM

Registration Begins: Full Member: 1/1/17, Program Member: 1/1/17 Registration Deadline: 4/16/17

Practices: Weekday evenings beginning 5/8/17 Games: Friday evenings and Saturday mornings beginning 5/19/17 Picture Day: 6/3/17

Clinics: T-Ball: 5/3/17 from 5:30-6:30 p.m. Coach Pitch: 5/4/17 from 5-6 p.m. Player Pitch: 5/4/17 from 6-7 p.m. Pitcher/Catcher Clinic: 5/4/17 from 7-8 p.m.

Please bring your completed form and payment to the YMCA. For those with a membership that will be active throughout the season, you may mail or fax your form along with payment to the YMCA. Photo ID and current membership card will be required to attend practices and games at YMCA facilities. Games and practice locations to be announced. Team formation is by lottery- we can't guarantee specific team or coach requests. Picture day will be on Saturday, June 3.

League Fees:

January 1-March 31*

☐ \$80 for Full Members

☐ \$160 for Community Members

April 1-16*

☐ \$90 for Full Members

☐ \$180 for Community Members

After April 16**

☐ \$100 for Full Members

☐ \$200 for Community Members

*Fee includes team t-shirt and gift of recognition, fees are final and non-refundable.

**Uniforms will not be guaranteed by the first game for those who register after 4/16

Child Information:

Please print clearly with complete information

Child's Name: _____ Date of Birth: _____ Age: _____ ☐ Male ☐ Female

Home Address: _____ City: _____ State: _____ Zip: _____

Grade (Fall 2017): _____ Preferred Contact Number: _____

League Choice: ☐ Ages 4-K T-Ball Co-ed ☐ Grades 1-2 Coach Pitch Co-ed ☐ Grades 3-4 Player Pitch Co-ed ☐ Grades 5-6 Player Pitch Co-ed

Shirt Size: Youth: ☐ Small/6-8 ☐ Medium/10-12 ☐ Large/14-16 Adult: ☐ Small ☐ Medium ☐ Large ☐ X-Large

Coach Request: _____ Evenings Unavailable to Practice (Limit to two evenings, ONLY): ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu.

Player Request: _____

Parent Information:

Parent 1 Name: _____ ☐ Male ☐ Female

E-mail Address: _____ Cell Phone: _____ Work Phone: _____

Parent 2 Name: _____ ☐ Male ☐ Female

E-mail Address: _____ Cell Phone: _____ Work Phone: _____

Child resides with: ☐ Both ☐ Parent 1 ☐ Parent 2 ☐ Guardian ☐ Other _____

☐ Please check if both parents want to receive team emails.

WANTED: VOLUNTEER COACHES AND SPONSORS

Make a difference in a child's life by serving as a volunteer youth sports coach or by sponsoring a team.

To volunteer, simply complete and return the form below or contact Maria Romero or Chris Interrial at (815) 782-0516 or via e-mail at mromero@jolietyymca.org or cinterrial@jolietyymca.org. All volunteers must complete a Volunteer Application and agree to submit to a background check.

☐ YES! I WANT TO BE A SPONSOR!

Company Name: _____

Address: _____

Contact: _____

Phone: _____

E-mail: _____

☐ Baseball ☐ Soccer ☐ Football ☐ Basketball

Sponsorship Fee: \$150 per league, 3 leagues for \$300

Total Sponsorship Fees: \$ _____

Please make checks payable to the YMCA and enclose with form or complete the credit card information below:

Credit Card #: _____

Type: _____ Exp. Date: _____ 3 Dig. Code: _____

☐ YES! I WANT TO BE A VOLUNTEER COACH!

Name: _____

Address: _____

Cell Phone: _____

E-mail: _____

Shirt Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2XL

Mandatory Volunteer Coaches Meeting:
Friday, April 21 • 6-7 p.m.

FOR OFFICE USE ONLY

Staff Initials: _____ Date: _____

Comments: _____

YMCA Membership Information: Please print clearly with complete information

All participants must maintain an active membership in good standing throughout the duration of the program.

Full or Program Membership is required for participation in all YMCA programs.

☐ Full Bank Draft ☐ Full Annual Expiration Date: _____ ☐ Program Member Expiration Date: _____

Emergency Contacts & Release:

Name(s) and Phone Number(s) of person(s) OTHER THAN PARENTS, over the age of 18, allowed to pick up your child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

The following can NOT pick up my child(ren): Please provide any legal documentation about custody of participant, if needed.

Name: _____ Relationship: _____

Address: _____

The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.

Allergies: Please put N/A if your child does not have an allergy

Food/Medication/Other: _____

Specific activities that are restricted for health reasons: _____

Parent Statement of Understanding:

I, _____, have read and understand the policies listed below:

I certify the applicant is capable of participating in this program. I understand that YMCA staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from YMCA staff. I authorize the Greater Joliet Area YMCA to secure emergency medical treatment for my child, if necessary, provided that every effort to reach me is made as the nature of the emergency permits. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child. I also agree to waive any claims against the YMCA, its members, staff and volunteers for injuries or damages that may result from the conduct from other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expenses and I agree to pay any that may occur.

I authorize the Greater Joliet Area YMCA to release my child(ren) to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that YMCA staff and volunteers are not allowed to babysit children at any time outside of the YMCA program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

- I give permission to photocopy all forms.
- I also give my permission to the YMCA to use all photos, videos, voice and images taken of the applicant for purposes, which the YMCA may deem appropriate.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines, including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged or stolen articles. I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party or disruptive behavior cannot be made up, credited or refunded (see the program brochure for the complete refund policy).

Parent/Guardian Signature: _____ **Date:** _____