



Hamilton Area YMCA Middle School Program

Y Sports Club (YSC)

Keeping kids active and healthy is more than an interest of the Hamilton Area YMCA, **it's what we do.** We are excited to announce our newest program that offers middle school students the opportunity to develop healthy lifestyle habits, gain self-confidence, and build positive relationships with their peers through sports.

Y Sports Club (YSC) is open to all middle school students (incoming grades 6 - 8) at Crockett, Grice, and Reynolds.

Sport

- Basketball
- Golf (*3 days per week*)
- Flag Football
- Soccer

Season

- January 7 - March 1
- April 1 - May 31
- April 1 - May 31
- September 9 - November 1

Fee

- \$150/child
- \$150/child
- \$150/child
- \$150/child

Sports will be co-ed, with the exception of basketball.

- All sports will run Monday - Friday from 3:00 - 4:45 p.m.
- All participants must have, at minimum, a Hamilton Area YMCA program membership.

For more information, please contact Tyler Koerber, Youth and Teen Development Director, at 609.581.9622 ext. 121 or tkoerber@hamiltonymca.org.

*This program is partially subsidized by the Hamilton Area YMCA.
Financial Assistance is available.*

**Registration
for all
sports is
open now!**

Hamilton Area YMCA - JKR Branch

1315 Whitehorse-Mercerville Road
Hamilton, NJ 08619
609.581.9622 • hamiltonymca.org





**Hamilton Area YMCA
YSC (Y Sports Club) Program
Registration Form**

Child's Grade _____ Date of Birth ____/____/____ Sex ___M___F

Age _____ T-shirt Size _____ Experience _____

Child's Address _____

Mother/Guardian's Name _____

Phone Number (H) _____ (W) _____

Cellular Number _____

Mother/Guardian's Address _____

Father/Guardian's Name _____

Phone Number (H) _____ (W) _____

Cellular Number _____

Father's Address _____

Family E-Mail Address _____

Child's Name _____

School _____

Please Circle Appropriate Program(s)

Crockett

Soccer (September - November 2)	8fl1	YSCCS
Basketball (January 7 - March 1)	9win	YSCCBB YSCCGB
Flag Football (April 1 - May 31)	9sprg	YSCCFF
Golf (April 1 - May 31)	9sprg	YSCCG

Reynolds

Soccer (September - November 2)	8fl1	YSCCS
Basketball (January 7 - March 1)	9win	YSCRBB YSCRGB
Flag Football (April 1 - May 31)	9sprg	YSCRFF
Golf (April 1 - May 31)	9sprg	YSCRG

Grice

Soccer (September - November 2)	8fl1	YSCGS
Basketball (January 7 - March 1)	9win	YSCGBB YSCGGB
Flag Football (April 1 - May 31)	9sprg	YSCGFF
Golf (April 1 - May 31)	9sprg	YSCGG

Parental Authorization for Emergency Treatment

In the case of emergency, illness, or accident to the child named on this form, the Hamilton Area YMCA is authorized to proceed as indicated below:

1. The Parent/Guardian will be contacted immediately.
2. If the Parent/Guardian can not be reached, we will attempt to contact him/her through the emergency person's listed on the child's orange card.
3. If the Parent/Guardian still cannot be reached, the child's physician will be contacted.
4. If none of the above can be contacted, we will do any or all of the following:
 - a. Call for emergency first aid assistance/transportation.
 - b. Call another physician.
 - c. Have the child transported to an emergency hospital in the company of a Hamilton Area YMCA staff member. (Robert Wood Johnson University Hospital at Hamilton).

I (We) state that we are the Parent(s)/Guardian(s) having legal custody of the above child and attest that the information in the form is correct. I (We) authorize the Hamilton Area YMCA staff to obtain emergency treatment for our child. I (We) consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon

Parent Name (print) _____ Parent Signature _____

Date of Signature _____

Child's Name _____

**Hamilton Area YMCA
Medical Form**

Is your child under any medical restrictions? ___Yes ___No If yes, check all that apply:
___Asthma ___Hearing loss ___Diabetes ___Convulsions ___Other: _____

Is your child taking any medication? ___Yes ___No If yes, please list: _____
(If medication is needed during the Before/After School Program, an authorization form must be completed. The form can be obtained from hamiltonymca.org or from the child care office.)

Has your child been under a doctor's care or hospitalized within the last three years? ___Yes ___No
If yes, please explain: _____

Is your child allergic to any medications/food/insect stings? ___Yes ___No If yes, Please list _____

Child's Physician _____ Telephone Number _____

Physician's Address _____

Please notify the Hamilton Area YMCA office if your child is exposed to any communicable diseases during the school year.

As a parent/guardian of the above participating child, I certify that he/she is in good physical health and may participate in all of the activities of the YMCA Sports Club, except as noted above.

Parent/Guardian Signature _____ Date _____