



## 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 will give parents peace of mind that their middle school-aged children are being taken care of, while also developing healthy lifestyle habits, gaining self-confidence, and building positive relationships with their peers.

Y Sports Club (YSC) will be open to all middle school students (incoming grades 6 - 8) at Crockett, Grice, and Reynolds. YSC participants will have a variety of sports to choose from:

Sport	Season	Fee
• Soccer	September 10 - November 2	\$150/child
• Basketball	January 7 - March 1	\$150/child
• Golf	April 1 - May 31	\$150/child
• Flag Football	April 1 - May 31	\$150/child

Sports will be co-ed, with the exception of basketball. Teams will be created based on skill level.

- All sports will run Monday - Friday from 3:00 - 4:30 p.m.
- Golf will run 3 days per week.
- Participants must be picked-up by 4:45 p.m.
- In the event of inclement weather, sports will be moved inside.

All participants must have, at minimum, a Hamilton Area YMCA program membership.

For more information, please contact Tyler Koerber at 609.581.9622 ext. 121 or [tkoerber@hamiltonymca.org](mailto:tkoerber@hamiltonymca.org).

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

**Hamilton Area YMCA - JKR Branch**  
1315 Whitehorse-Mercerville Road  
Hamilton, NJ 08619  
609.581.9622 • [hamiltonymca.org](http://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 \_\_\_\_\_