



YMCA of  
Niagara

# Youth Sports Development Program Registration Form

Indoor Soccer & Basketball



[ymcaofniagara.org](http://ymcaofniagara.org)  
[ysdp@niagara.ymca.ca](mailto:ysdp@niagara.ymca.ca)  
905-871-9622

## Program Information

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The YMCA Youth Sports Development Program is a co-ed program, where children and youth can develop and learn new skills. Practices take place at local Fort Erie and Ridgeway schools Monday to Thursday nights. Players then meet on Saturdays at the Fort Erie EJ Freeland YMCA for a game.

The Youth Sports Development Program is focused on participation not competition. Players practice as a group and game days will see teams chosen by random selection. U12 soccer players will participate in more individualized practices and will also have game days with teams chosen at random.

The Youth Sports Development Programs run for 11 weeks beginning the first week of November and the first week of February.

As part of the registration fee each player will receive a Youth Sports Development League t-shirt.

## Our Program promises to:

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- Allow players to enjoy the game without the pressure to win
- Develop new skills or build upon existing ones
- Encourage teamwork, socialization skills and adaptability
- Give players the chance to play with different teammates each week
- Be lots of fun for your son or daughter

## Ages

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Participants are divided into divisions based on age

### **Basketball**

Ages 8 to 10

### **Soccer**

U9 Ages 6 to 9

U12 Ages 10 to 12

## Registration Details

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Registrations are accepted in person at the Fort Erie EJ Freeland YMCA or any other YMCA of Niagara Health and Fitness branch.

Basketball registrations are due by October 23, 2017

Soccer registrations are due by February 12, 2018

Late registrations may be accommodated if space permits, please contact [ysdp@niagara.ymca.ca](mailto:ysdp@niagara.ymca.ca) prior to visiting the branch.

## Registration Fee

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\$77.00 Current YMCA Members & \$112.00 Community Participants.

Cancellations made in person/writing 2 weeks or more before the registration deadline will be given a refund minus a \$10 administrative fee. Refunds will not be granted for cancellations less than two weeks from the registration deadline. Exceptions for medical reasons can be made by the Coordinator.

## Choose the league(s) you would like to register for:

### Soccer

U9 (ages 6-9)

U12 (Ages 10-12)

Monday 6:00-7:00pm  
Garrison Road Public School, Fort Erie

Monday 7:00-8:00pm  
Garrison Road Public School, Fort Erie

### Basketball

ages 8-10

Monday 6:00-7:00pm  
Garrison Road Public School, Fort Erie

## Participant Information

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Full name: \_\_\_\_\_ Gender: Male  Female

Birth Date: (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ Youth  Adult

Medical History: (Please list any medical conditions that we should be aware of)

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## Parent/Guardian Information

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Full Name(s): \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name and Phone Number (other than the parent/guardian listed above):

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## Photo Release:

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I give permission for my son/daughter to be a model for the YMCA of Niagara and I hereby assign all rights of the film/photography/videotape/sound recordings to the YMCA. I authorize the use of the same by YMCA of Niagara and those acting with its permission for the purpose to use, reuse and/or broadcast and republish this photograph/videotape recording.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Waiver:

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I understand that through participant in sport there is a risk that my son/daughter may be injured through participation. I release the YMCA of Niagara from all liability related to my son/daughter's participation in YMCA Youth Sports Development Program.

I confirm I have properly noted any medical conditions that my son/daughter may have. I confirm that my son/daughter is able to physically participate in the sport I have registered them for. I understand that if my son/daughter receives a concussion in the YMCA Youth Sports Development Program or elsewhere, they will not be permitted to continue to participate until they are physically able, and have consulted a medical professional.

Players and their parents/guardians are expected to act in a manner that is in line with the YMCA values and fair play. Players who are removed from the league due to inappropriate or harmful behavior will not be granted refunds.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Interested in volunteering as a Coach or Referee?

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The YMCA needs individuals who understand the importance of giving back to their community. Being a volunteer at the YMCA, though coaching or refereeing, benefits both you and those involved. No experience is necessary – we will train you!

( ) Yes, I am interested in volunteering ( ) No, I am not interested in volunteering

Note: Non parent/guardians who are interested in volunteer opportunities at the YMCA are asked to see the YMCA membership desk to complete a volunteer application form.

## YMCA of Niagara Privacy Statement

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As a charitable, community based association; the YMCA of Niagara is committed to protecting your right to privacy. The personal information you share with the YMCA will be used to support the work of the YMCA. For further information please visit [ymcaofniagara.org](http://ymcaofniagara.org).

## Electronic Messages

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I give permission for the YMCA to send me electronic messages for YMCA purposes. I understand the YMCA will not sell or rent personal information to third parties. I also understand that if I no longer wish to receive further information or to be contacted by the YMCA I can email [ymcaprivacy@niagara.ymca.ca](mailto:ymcaprivacy@niagara.ymca.ca).

( ) Yes ( ) No