

# YMCA SUMMER SPORTS CLINICS

2009

The YMCA of Greater St. Paul has teamed up with local sports groups and a minor league football team to offer specialized clinics for youth and teens, ages 6 –14. Youth will work with coaching staffs to learn new skills and refine old ones as they practice all aspects of a sport. Clinics are individualized enough for all skill levels.

Sports Clinics embrace the YMCA motto, *"Everybody plays, everybody wins!"*



[ymcatwincities.org](http://ymcatwincities.org)

Be sure to check out our new Personal Pricing Plan (P3). P3 provides scholarship funds to make our programs affordable. Find an application on our Day Camp home page at [ymcatwincities.org](http://ymcatwincities.org) under publications.



YMCA of Greater Saint Paul  
 2125 E Hennepin Ave.  
 Suite 150  
 Minneapolis, MN 55413

Non-profit  
 Organization  
 U.S. Postage  
 PAID  
 YMCA of Greater St Paul

# YMCA SUMMER SPORTS CLINICS

2009

## YMCA/Maulers Football Clinic



The Minnesota Maulers are Minnesota's minor league football team. This YMCA/Maulers clinic will be run by professional Maulers coaches, football players and staff. Clinic will focus on developing participant skills and is individualized for all skill levels. Participants will have a chance to play all positions. Fee includes a t-shirt, use of sports equipment, and direction by professional staff and coaches. *Please bring a water bottle.*

**Monday – Friday: \$95**

**Ages 6 – 10 years**

**Program Hours: 9 a.m. – 12 p.m.**

**Ages 11 – 14 years**

**Program Hours: 1 p.m. – 4 p.m.**

### Locations:

Chain of Lakes YMCA

St Croix Valley

Northeast Family

Northwest Family

### Dates:

July 13 – 17

July 20 – 24

July 27 – 31

August 3 – 7

## Clinic Locations & Contacts

### Chain of Lakes YMCA/ Inner Park

6 Inner Drive

Circle Pines, MN 55014

Contact: Liz Guimont

651-259-2116

### Midway Family YMCA

1761 University Avenue

St. Paul, MN 55104

Contact: Kate Bronson

651-793-7320

### Northeast Family YMCA

2100 Orchard Lane

White Bear Lake, MN 55110

Contact: Becky Lewis

651-777-8103

### Northwest Family YMCA

3760 North Lexington Avenue

Shoreview, MN 55126

Contact: Nathan Danielson

651-490-4898

### St. Croix Valley YMCA

2211 Vine Street

Hudson, WI 54016

Contact: Trevor Kodesh

651-259-9660

### Mounds View Community Center

5394 Edgewood Drive

Mounds View, MN 55112

Contact: Pat Prindle

763-717-4036

### East YMCA

875 Arcade Street

St Paul, MN 55106

Contact: Kurt New

651-771-8881

## YMCA/Clutch Hitters Softball/Baseball Clinic



Clutch Hitters and the YMCA are teaming up to provide this high quality clinic. This YMCA/Clutch Hitters clinic will be led by Jim Hanson a high school fast pitch softball coach with 12 years of experience coaching at the high school level. This clinic will focus on developing participant skills, endurance, learning the strategy behind the game and bringing back passion and fun for the game. Fee includes a t-shirt, use of sports equipment, and direction by professional staff and coaches. *Participants need to bring their own glove and a water bottle.*

**Monday – Friday: \$95**

**Ages 6 – 10 years**

**Program Hours: 9 a.m. – 12 p.m.**

**Ages 11 – 14 years**

**Program Hours: 1 p.m. – 4 p.m.**

### Locations:

Northeast Family

Chain of Lakes YMCA

Chain of Lakes YMCA

Mounds View

### Dates:

July 6 – 10

July 20 – 24

July 27 – 31

August 10 – 14



## YMCA/CJ's Basketball Clinic



With CJ's Basketball, "Get Better, Have Fun" philosophy and the YMCA's philosophy of, "Everybody Plays, Everybody Wins" every participant will learn new skills and build on skills they already have. This YMCA/CJ's basketball clinic will be led by Coach Jim Houston along with high school basketball coaches and their players. Clinic will focus on developing participant skills, endurance, learning the strategy behind the game and bringing passion and fun back into the game. Fee includes a T-shirt, use of sports equipment, and direction by professional staff and coaches. *Please bring a water bottle.*

**Monday – Friday: \$95**

**Ages 6 – 10 years**

**Program Hours: 9 a.m. – 12 p.m.**

**Ages 11 – 14 years**

**Program Hours: 1 p.m. – 4 p.m.**

### Locations:

Midway Family\*

East YMCA\*\*

Mounds View

Northeast Family

### Dates:

June 22 – 26

July 13 – 17

July 27 – 31

August 24 – 28



\*Midway Family YMCA will host ages 6-10 years from 1 – 4 p.m. Ages 11-14 years from 5 – 8 p.m.

\*\*East YMCA will host both age groups from 5:30 p.m. – 8:30 p.m.

# YMCA Summer Sports Clinics 2009 • 2009 Registration Form YMCA of Greater St. Paul

Please use one form per child and print neatly. Register online at [ymcatwincities.org](http://ymcatwincities.org) or return this completed form with *parental/guardian signature* to YMCA Business Center • 2125 E. Hennepin Ave. • Mpls, MN 55413 • Fax 612-465-0559

## Participant Information:

Child's Name \_\_\_\_\_

YMCA Member?  Yes member # \_\_\_\_\_  No, Participant only

Office Use Only

**PLEASE FILL OUT THIS CHART BY PUTTING AN "X" IN EACH APPLICABLE BOX**

<input type="checkbox"/> <b>YMCA/Maulers Football Clinic</b>													
<input type="checkbox"/> Ages 6 – 10				<input type="checkbox"/> Ages 11 – 14				FEES: <input type="checkbox"/> \$95					
June 8-12	June 15-19	June 22-26	June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Sept 4	
Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	<input type="checkbox"/> Chain of Lakes	<input type="checkbox"/> St. Croix Valley	<input type="checkbox"/> Northeast	<input type="checkbox"/> Northwest	Not Offered	Not Offered	Not Offered	Not Offered	

<input type="checkbox"/> <b>YMCA/Clutch Hitters Softball and Baseball Clinic</b>													
<input type="checkbox"/> Ages 6 – 10				<input type="checkbox"/> Ages 11 – 14				FEES: <input type="checkbox"/> \$95					
June 8-12	June 15-19	June 22-26	June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Sept 4	
Not Offered	Not Offered	Not Offered	Not Offered	<input type="checkbox"/> Northeast	Not Offered	<input type="checkbox"/> Chain of Lakes	<input type="checkbox"/> Chain of Lakes	Not Offered	<input type="checkbox"/> Mounds View	Not Offered	Not Offered	Not Offered	

<input type="checkbox"/> <b>YMCA/CJ's Basketball Clinic</b>													
<input type="checkbox"/> Ages 6 – 10				<input type="checkbox"/> Ages 11 – 14				FEES: <input type="checkbox"/> \$95					
June 8-12	June 15-19	June 22-26	June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug 3-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Sept 4	
Not Offered	Not Offered	<input type="checkbox"/> Midway	Not Offered	Not Offered	<input type="checkbox"/> East	Not Offered	<input type="checkbox"/> Mounds View	Not Offered	Not Offered	Not Offered	<input type="checkbox"/> Northeast	Not Offered	

### Subsidy Provider Information: A current "Authorization of Service" must be on file before your child's registration will be accepted.

Our family currently receives subsidy from:  County \_\_\_\_\_  YMCA Financial Assistance  Third Party Agency  Other \_\_\_\_\_

Agency/County Worker's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Case # Required \_\_\_\_\_ Paperwork submitted to County/Agency:  Yes  No

Third Party Agency Name: \_\_\_\_\_ Third Party Member #: \_\_\_\_\_

### Payment Information: Please note, Registrations will not be processed without deposit

**Check Enclosed** Amount: \$ \_\_\_\_\_  Registration Fee  Full Payment **Credit Card** \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

### Weekly EFT Authorization (Electronic Funds Transfer)

Please charge:  Only \$50 registration per session  Entire fee for all programs selected  \$50 registration now, remaining balance one week prior to the start of the session.

Name on Card \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I agree to pay above total amount according to card issuer agreement.



# YMCA Summer Sports Clinics 2009

## Emergency & Health Information Form • YMCA of Greater St. Paul

Please fill out completely and return to: **YMCA Business Center • 2125 East Hennepin Ave • Minneapolis, MN 55413 • 612-230-9622 • fax 612-465-0559**

PLEASE USE ONE FORM PER CHILD AND PRINT NEATLY.

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender  F  M  
 Grade in Fall 2009 \_\_\_\_\_ Age \_\_\_\_\_ This is my \_\_\_\_\_ year in Summer Programs

**Friends you would like to be grouped with :** (To ensure positive group dynamics, please limit **two** friends per request who are within the same age group.) \_\_\_\_\_

Child resides with  Mother  Father  Both  Other \_\_\_\_\_

#1 Parent/Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Change of Address**

Parent/Guardian's Birthdate \_\_\_\_\_ Gender  F  M Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

#2 Parent/Guardian's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Birthdate \_\_\_\_\_ Gender  F  M Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

### EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

**The following people should be contacted in case of emergency, only if parent or guardian cannot be reached AND are authorized to pick up the child:**

1. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

Carrier \_\_\_\_\_

Policy/Group # \_\_\_\_\_

### MONTH, DATE AND YEAR OF MOST RECENT IMMUNIZATIONS:

DPT _____	Polio _____
Measles _____	Mumps _____
Rubella _____	HIB _____
Tetanus _____	

**IS THE CHILD TAKING ANY MEDICATIONS?**  Yes  No

If yes, what kind and why: \_\_\_\_\_

**If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form.**

### HAS CHILD HAD ANY OF THE FOLLOWING, AND IF SO, PLEASE EXPLAIN:

Special needs \_\_\_\_\_

Allergies or Asthma \_\_\_\_\_

Dietary restriction/s \_\_\_\_\_

Chronic or recurring illnesses \_\_\_\_\_

Operations or serious injuries (include date/s) \_\_\_\_\_

Status of child's vision, hearing, and speech \_\_\_\_\_

Does your child have a communicable disease or condition which may prove to be a risk to others?

Yes  No

If yes, please comment: \_\_\_\_\_

### SIGNIFICANT INFORMATION ABOUT YOUR CHILD'S BEHAVIOR THAT WOULD BE HELPFUL TO KNOW:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Waiver of Liability

I understand that The Young Men's Christian Association of Greater Saint Paul assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen. I give my permission for the YMCA to administer sunscreen as needed. I hereby release and discharge the YMCA to its directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a result of participating in these activities.

### Parent/Guardian Authorization

- In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
- I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
- My child has my permission to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
- I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
- I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_