



# HOME SCHOOL PE

Ages 6-18

The YMCA of Douglas County offers a unique Physical Education experience for Home Schoolers. Our program is designed to allow kids to sample a variety of sports and activities throughout the year. We focus on teaching fundamental skills and rules of the game while also instilling the YMCA values of caring, honesty, respect, and responsibility in our participants.

#80901 September 9 - 30 \$10 M/\$30 PM  
Volleyball & Softball (bring glove)

#81001 October 5 - 28 \$10 M/\$30 PM  
Flag Football & Gym Games

#81101 November 2 - 23 \$10 M/\$30 PM  
Basketball

MONDAY/WEDNESDAY 1:30 - 2:30 PM

Younger Group: ages 6-10 & Older Group: ages 11-18

Athletes meet at the same time but are divided into two separate age groups.

Athletic shoes and clothing required. Class includes stretching, warm-up, running and game fundamentals.

For more information contact:

Dave Myhill (541) 440-9622 ext 214

**FINANCIAL ASSISTANCE AVAILABLE.**

## YMCA OF DOUGLAS CONTY

1151 Stewart Parkway, Roseburg, OR 97471

(541) 440-9622 [www.ymcaofdouglascounty.org](http://www.ymcaofdouglascounty.org)





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### YMCA PROGRAM REGISTRATION / RELEASE FROM LIABILITY

YMCA Member \_\_\_\_\_ Community Member \_\_\_\_\_

Program fee is due upon registration.

Program \_\_\_\_\_ Time of Program \_\_\_\_\_

Participant's Name \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F Age \_\_\_\_\_ DOB \_\_\_\_\_

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

Telephone \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Wk# \_\_\_\_\_ Cell # \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ WK# \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**SPECIAL HEALTH NEEDS/REQUESTS:** \_\_\_\_\_

Please initial to indicate agreement with the following two items:

\_\_\_ I give my permission to the Central Douglas County Family YMCA to use, for publicity purposes, pictures taken of the participant.

\_\_\_ I support the Central Douglas County Family YMCA philosophy, which is based on participation, fun, physical fitness and health, skill building, teamwork, fair play, family involvement and volunteer leadership.

#### RELEASE FROM LIABILITY

In consideration of the right to participate in this Central Douglas County Family YMCA (later referred to as the YMCA) program, I waive the right to any and all claims against the YMCA for damages, losses, or injuries suffered by my participating minor child or by me as a participant that arise from this program, including a release of any claims that may be caused in whole or in part by the negligence of the YMCA, its agents, directors, or employees. On behalf of myself, my spouse, my heirs, executors, or assigns, I hereby agree to assume those risks associated with participating in this program and to hold harmless the YMCA and/or its agents for damages suffered by me or my minor child. I also agree to indemnify the YMCA for expenses (including defense and other costs) associated with any claim of damages, injury, or death arising from my or my minor child's participation in this program.

I hereby certify that the above named participant is in normal health and capable of participation in \_\_\_\_\_ (specific program name). I assume all risks incidental to participation in this program and for transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached. I understand that the YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accident will be the responsibility of the adult participant or the minor participant's parents/guardians. I am a legally competent adult (18 years or older) who is responsible for the above named participant.

Signature of Legally Responsible Adult \_\_\_\_\_ Date \_\_\_\_\_

Relationship to participant (circle one): myself my child other \_\_\_\_\_

If mailing your registration, mail to: (Make checks payable to YMCA OF DOUGLAS COUNTY)  
YMCA OF DOUGLAS COUNTY, 1151 Stewart Parkway, Roseburg, OR 97471

**VOLUNTEER REGISTRATION:** Name: \_\_\_\_\_

I am interested in volunteering as a: \_\_\_ Coach \_\_\_ Assistant Coach \_\_\_ Team Parent \_\_\_ Referee/Official

For Office Use Only: Receipt # \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Clerk Initials : \_\_\_\_\_ Total: \$ \_\_\_\_\_