



PRIDE

Preparation. Respect. Integrity. Discipline. Excellence.



NO COST!

A complete educational based after school program that equips youth from all backgrounds with the knowledge, skill and character they need to become positive and productive individuals in their communities.

THE PROGRAM WILL PROVIDE:

Healthy snack/meals

Learning enrichment activities

- Tutoring
- Help with Homework
- Supplemental Learning (SL) is a series of weekly review sessions for students who want to develop understanding of course material to improve their grade.

Free Time

- Video Game Room
- Cards, Puzzles, Games, etc.

THIS IS A NO PHONE ZONE UNTIL FREE TIME.

FOR BOYS AND GIRLS

GRADES

Kindergarten - High School
Monday, Wednesday | 3:30 -5:30 pm

LOCATION

Phil Cline Family YMCA

SOME OF OUR AREAS OF FOCUS

- Respect for self
- Time management
- Work ethic
- How to make wise choices
- Teamwork
- Networking
- Respecting authority
- Courage
- Standing up for others
- Patience
- Perseverance
- Self-control
- Initiative

To register, or for more information, contact: DuRon Jackson 304.697.7113 | djackson@huntingtonymca.org

FOR MORE INFORMATION:

Phil Cline Family Y | 304.697.7113 | huntingtonymca.org



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May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127 | Phil Cline Family YMCA • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25703 • (304) 522-0616

Please complete all information. Incomplete forms will not be processed.

PLAYER INFORMATION PLEASE PRINT CLEARLY

SCHOOL GRADE _____ DATE OF BIRTH _____ SEX: MALE FEMALE

LAST NAME _____ FIRST NAME _____ M.I. _____

STREET ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: (____) _____ CELL: (____) _____ EMAIL: _____

MEDICAL / EMERGENCY INFORMATION

IMPORTANT LIST ANY MEDICAL PROBLEMS OR LIMITATIONS _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (____) _____

GRADE GROUPS

PLEASE CHECK YOUR CHILD'S GRADE GROUP: K-1 2ND - 3RD 4TH - 5TH MIDDLE SCHOOL

PAYMENT

PAYMENT MUST ACCOMPANY APPLICATION. Check # _____

VOLUNTEERS NEEDED Parent volunteers are an intricate part of YMCA Youth Sports
Please check if you would like to volunteer.

I do hereby waive, release, and forever discharge the Huntington YMCA, its employees, independent contractors, or anyone acting on its behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the YMCA, including those injuries or damages that may be incurred by the use of equipment furnished by the YMCA. By signing below, I acknowledge there may be health risks associated with my child's participation in the YMCA's program(s), which may include, but not be limited to, transient light-headedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise related ailments that I willfully assume those risks. I understand that I may request that my child stop or delay his or her participation in any activity and that my child may be requested to stop and rest by any YMCA representative who observes any symptoms of distress or abnormal response to activity, I declare that I have read, understood, and agree to the contents of this concerned agreement in its entirety.

_____/_____/_____
Parent / Guardian Signature Date Parent / Guardian Signature Date

DROP OFF at any Y location or MAIL APPLICATION TO: YMCA | 917 9th Street | Huntington, WV 25701

DATE ____/____/_____ LAST NAME _____ FIRST _____