

YMCA Sharks & Parks Youth Hockey League

YMCA of San Benito County, 351 Tres Pinos Rd., Suite 201-A, Hollister, CA 95023 831-637-8600



For Boys and Girls in Grades 1st- 8th

Program Vision: To encourage a love for the game and companionship between players through the teaching of skills, development of positive attitudes about fair play, teamwork and reinforcement of the YMCA core values of caring, honesty, respect and responsibility.

Season: Tentative Start Date Saturday October 2nd

Location: Veteran's Memorial Park (basketball courts)

Program Fee: \$65

Division One Grades 1-2nd
Division Two Grades 3rd-5th
Division Three Grades 6th-8th

Annual Membership Fee: \$30 Individual or
\$55 Family Membership



Contact Information: Kristie Agan, Sports Coordinator kagan@ymcacentralcoast.org

YMCA Youth Hockey League Registration Form

Return this form with payment in full (including program and membership fees) to:

YMCA of San Benito County, 351 Tres Pinos Rd., Suite 201-A, Hollister, CA 95023 Phone: 831-637-8600 Fax: 831-637-8636

_____	_____	_____	_____
Player's Name	Birth Date	Age	Gender
_____	_____	_____	_____
Parent Name	Phone #	E mail	_____

Address

I agree that I and/or my child will cooperate and conform with the directions and instructions of the volunteers and staff involved in the program. I hereby give the YMCA permission to use their judgment in obtaining medical service for myself and/or my child and I give permission to the physician selected by the YMCA personnel to render medical treatment necessary and appropriate. In the event that my child is injured as a result of his/her participation in this program, including transportation to and from such activities, I agree not to hold responsible and/or liable the YMCA or any of its agents or employees. Payment of any medical, hospital, or related costs and expenses must be paid by any insurance or benefit plan of mine or my spouse.

Yes__ No__ Photo Authorization: The YMCA staff has authorization to photograph and use me/my child for YMCA promotional material.

Volunteers Needed. Please check one Coach _____ Assistant Coach _____ Team Parent _____

Signature of Parent/Guardian _____ Date: _____

Please be advised that the Hollister School District does not make any representation or warranty as to the quality of services, merchandise, or opinions associated with this agency or individual, (vendor, service, etc.) The purpose of this flyer (posting, newsletter, etc.) is to provide general information to the community only, and it is not recommended that anyone act on the information contained herein with out further independent inquiry.



Financial Assistance is available
for families who qualify.

