



# FIND YOUR FUN. FIND YOUR Y.

- **BASKETBALL CAMP: JULY 7-11**  
Registration Deadline: June 16
- **VOLLEYBALL CAMP: JULY 14- 18**  
Registration Deadline: June 16
- **STREET HOCKEY CAMP: JULY 21-25**  
Registration Deadline: June 16



## FIND YOUR Y & PLAY TODAY

**For a better us.®**

sports@kfallsymca.org 541.884.4149  
THE YMCA OF KLAMATH FALLS  
1221 S ALAMEDA AVE  
KLAMATH FALLS, OR 97603

## THE YMCA OF KLAMATH FALLS: Summer Sports Camps 2025

CHECK SPORT	SPORT	AGES/GRADES	PROGRAM DATE	PRICE Y MEMBER/ COMMUNITY	REGISTRATION DEADLINE
	<b>Basketball Camp</b>	<b>Grades 1-6</b> Mon-Fri 8:00-12:00	<b>July 7-11</b>	\$105 \$115	<b>Monday, June 16</b>
	<b>Volleyball Camp</b>	<b>Grades 1-6</b> Mon-Fri 8:00-12:00	<b>July 14-18</b>	\$105 \$115	<b>Monday, June 16</b>
	<b>Street Hockey Camp</b>	<b>Grades 1-6</b> Mon-Fri 8:00-12:00	<b>July 21-25</b>	\$105 \$115	<b>Monday, June 16</b>

**Campers should bring water/water bottle, active wear, closed-toed shoes, and a snack.**

Late registrations will only be accepted with prior approval and will be charged an additional \$10.00. Team/Coach preferences cannot be honored for late registrations. Teams organized on "first come/first served" basis. Requests not guaranteed.

Rosters, practice schedules and game schedules will be created after the registration deadline through PlayerSpace.com. Practice times and locations are determined by coaches. Go to [www.kfallsymca.org](http://www.kfallsymca.org) to register online. Be sure to like our Facebook page, Klamath Falls YMCA, to remain current with upcoming programs and get sports updates.

**REFUND POLICY:** If there is a documented medical reason for non-participation or a severe hardship which results in non-participation in a program, a refund request must be submitted to The YMCA of Klamath Falls in writing within 15 days of the start of the program. The written request and any supporting documentation (i.e., required physician's statement if applicable) will then be reviewed and notification of the refund status will be communicated to the person requesting the refund.

Player's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_ Age \_\_\_ Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Home Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

Do you have a coach or team request? \_\_\_\_\_

**CIRCLE JERSEY SIZE NEEDED:** Youth M Youth L Adult S Adult M Adult L Adult XL

I want to volunteer!! \_\_\_ Coach \_\_\_ Assist \_\_\_ Other

**WOULD YOU LIKE TO DONATE TO THE YMCA SCHOLARSHIP FUND & HELP OTHER YOUTH PLAY SPORTS?**  
\$1.00 \$5.00 \$10.00 \$25.00 No

I hereby grant The YMCA of Klamath Falls the right to use pictures/photographs/videos of above-named child for display or advertising specifically for YMCA programs. **Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

To the best of my knowledge my child is healthy and should have no physical problems participating in the youth sports programs offered by The YMCA of Klamath Falls. I understand that the YMCA assumes no financial obligation for any injury that may occur. In the event of emergency, I give my permission to the YMCA to hospitalize and secure proper medical treatment for my child. I also agree to behave with respect to others (i.e., coaches, referees, other players and parents, YMCA staff, and spectators) involved in the sports programs offered by the YMCA.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_