



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY
Receipt # _____
Date _____
Staff Initials _____

YOUTH SOCCER

Participants Name: _____ Male / Female

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____
Ethnicity: Caucasian African American Hispanic Asian Mixed Other: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: Primary: _____ Secondary: _____

Email: _____

Parents Name(s): _____ / _____

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

Yes/No I opt in to be added to Remind Me to get important information regarding my sport .

Members: \$65
Non-Member: \$90

Fall Soccer Spring Soccer

Fall SKILLS Soccer Indoor Soccer

EXPERIENCE LEVEL: Circle years experience in sport: 0 1 2 3 4 5

Special Requests: Siblings in the same division should be placed here. **No Request Guaranteed.**

1. Name: _____ DOB _____ Reason _____

2. Name: _____ DOB _____ Reason _____

VOLUNTEER COACHES NEEDED

We need your help! Volunteers are what make a difference in our programs. If you would be willing to help change lives, please circle all that apply, along with your name.

COACH ASST. COACH Name/Shirt Size: _____

SHIRT SIZE

Y-Small (6-8) Y-Medium (10-12) Y-Large (14-16) Adult Small Adult Medium Adult Large Other: _____

Waiver of Liability

I hereby certify that my child is (or I am) in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child (or myself) in the event that the parent(s) or guardian(s) or contacts cannot be reached.

Picture Release

I (DO /DO NOT) (Circle one) give permission to have my child/my picture appear in any media type coverage approved by the Tri-County YMCA

Parent/Guardian/Self Signature: _____ Date: _____