

Summerville Family YMCA

Spring Youth Soccer 2008

Age Group: **U6** **U8** **U10** **U13** **U16**
 4-5 yrs 6-7 yrs 8-9 yrs 10-12 yrs 13-15 yrs

Name: _____		Nickname: _____	
Address: _____		City: _____ Zipcode: _____	
Home Phone: _____		E-Mail Address: _____	
Date of Birth: _____		Age On Or Before 2/1/2008: _____	
Male/Female (circle one)			

Please rate your child's skill level as follows (circle): **1** – no experience, no developed skills **2** – some skills, age appropriate **3** – skills are above those of other children his/her age **4** – advanced skills

Mother's Name: _____		Work Phone: _____	
Father's Name: _____		Work Phone: _____	
Shirt Size (circle one):	YS YM YL AS AM AL AXL		
MUST HAVE BIRTH CERTIFICATE FOR U-10, U-13 AND U-16 AGE GROUPS			

SPECIAL REQUEST: If there is a particular coach you would like your child to play for; If you have another child that you would like to have on the same team as yours, (car-pooling, siblings, etc...); If there is a specific day of the week that you cannot practice, please list those request. *Every effort will be made to accommodate these requests, but please understand that WE MAY NOT BE ABLE TO HONOR ALL REQUESTS!!*

MEDICAL: Please list any medical concerns such as allergies, handicaps, etc. that we should be made aware of:

The YMCA does not offer an insurance plan for youth soccer. Parents are encouraged to provide proper medical coverage for their child.

REFUNDS: a \$10 administration fee is deducted from program refunds, or full credit for another program. Any refunds given 10 days prior to season starting will be subject to a \$10 administration fee plus 50% of fee paid. **After games start there will be no refunds given.**

MEMBERSHIP: Memberships that are due for renewal during the course of a program must be renewed at the time of registration.

VOLUNTEERS: The Summerville Family YMCA youth sports program depends heavily on the help of volunteer coaches and team parents. The rewards of working with young people far outweigh the sacrifice of time that is required. Please indicate your interest in helping. **THANK YOU!**

HEAD COACH: _____ ASSISTANT COACH: _____ TEAM PARENT: _____

SPONSORSHIP (see YMCA Staff for details and forms): **Company Name & Contact Person**

PARENTAL AUTHORIZATION	
<p>I, parent/guardian of the above-named candidate for a position in above-mentioned soccer program, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities. I hereby waive, release, absolve, indemnify to hold harmless the parent or local league organization, the organizers, supervisors, participants and persons transporting this participant to/from activities, for any claim arising out of an injury to the him/her except to the extent and in the amount covered by accidental or liability insurance held by the local league.</p> <p>I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities away from home, or at other times while neither parent is available to grant authorization for emergency treatment.</p>	
Parent/Guardian Signature _____	Date _____

Date paid: _____	Received by: _____	\$15.00 Late Fee Applied After Registration Deadline
Fees: Family Member: \$35	Youth Member: \$55	Non-Member \$80