



PLATTSBURGH YMCA YOUTH INDOOR SOCCER —2019

(Boys & Girls— 4-7 yrs. old)



Registration Dates: Members: Jan. 9 — Feb. 6 (or until full) **Season Dates:** Feb. 11—Apr. 5
Community: Jan. 16—Feb. 6 (or until full)

FEES: **Member:** \$45 **Community Member:** \$90 **No refunds except for medical reasons*

Games/Practices: **Kickers Division** (4-5 yr. olds) (must be 4 by 2/1/19)
4:45—5:45—Tuesday, Thursday OR Friday

Dribblers Division (6-7 yrs. old)
4:45—5:45—Monday, Wednesday OR Friday

Uniforms/Included Items: YMCA team soccer shirt and trophy.

Bring or mail form & Payment to the Plattsburgh YMCA—17 Oak St.

REGISTRATION 2019 Plattsburgh YMCA Indoor Soccer League

CHILD'S NAME: _____ DATE: _____
DATE OF BIRTH: ____/____/____ SEX: _____ AGE: _____ (as of Feb. 1st) GRADE _____
ADDRESS: _____ CITY: _____
PARENT NAME(S): _____
PHONE NUMBER: Home: _____ Work: _____

Please note in the space provided if there is a day of the week that does NOT work for your child to participate in practices and/or games. This will be accommodated IF possible: _____

SHIRT SIZE: Youth Sm. (6-8) Youth Med. (10-12) Youth Lg. (14-16)
Please check one Adult Sm. Adult Med.

**Please be sure of your shirt size (they run small)*

2nd CHILD'S NAME: _____ DATE: _____
DATE OF BIRTH: ____/____/____ SEX: _____ AGE: _____ (as of Feb. 1st) GRADE _____

SHIRT SIZE: Youth Sm. (6-8) Youth Med. (10-12) Youth Lg. (14-16)
Please check one Adult Sm. Adult Med.

IF YOU WOULD LIKE TO COACH OR ASSIST, CHECK HERE!

For more information call: 561-4290

COACH

Coach's Name: _____
Shirt Size: _____

I hereby certify that the above named child/children is/are normal in health, capable of participating safely in the YMCA Indoor Soccer League. I have also read and understand the goals and objectives the program as advertised on the flier and registration form. I hereby grant permission for my child to participate in the program.

Parent or Guardian Signature

I give permission for photographs or a likeness of my child to be taken and used for explaining/presenting the program or for future program promotion.

Parent or Guardian Signature

Date Paid: _____
Amt. Paid: _____
Staff initials: _____