



2020 YOUTH INDOOR SOCCER LEAGUE REGISTRATION FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Player Information:

First Name: Last Name: Date of Birth: Age: Gender:

Address: City: Zip:

Shirt Size:

Youth Small (6-8)
 Youth Medium (10-12)
 Youth Large (14-16)
 Adult Small
 Adult Medium

Division and Play Date:

<p><u>Kickers Division (3-5 yr. olds):</u></p> <input type="checkbox"/> Tuesdays @ 5:45-6:30 pm <input type="checkbox"/> Fridays @ 5:45-6:30 pm	<p><u>Dribblers Division (6-7 yr. olds):</u></p> <input type="checkbox"/> Mondays @ 5:45-6:45 pm <input type="checkbox"/> Wednesdays @ 5:45-6:45 pm <input type="checkbox"/> Thursdays @ 5:45-6:45 pm
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Special Considerations:

Please note if there are any special considerations we should know about your child below. (example: physical limitations, disability, medical conditions, allergies, etc.)

Player's Skill Level:

Beginner
 Intermediate
 Advanced

Are You Interested in Being a Volunteer Coach or Assistant?

Coach Assist *Name:
 *Email:
*required for volunteer background check

Shirt Size:
 Small Medium Large XL 2XL 3XL

Parent/Guardian Information:

(1) First Name: <input type="text"/>	Last Name: <input type="text"/>	Date of Birth: <input type="text"/>	Phone: <input type="text"/>
(2) First Name: <input type="text"/>	Last Name: <input type="text"/>	Date of Birth: <input type="text"/>	Phone: <input type="text"/>

Participation Authorization & Photo Release:

I hereby certify that my child is of normal health and capable of participating safely in the YMCA Youth Sports Program. I have also read and understand the goals and objectives of the league as advertised in the flier and grant permission for my child to participate in the program.

Parent/Guardian Signature

I give permission for photographs to be taken of my child for the purpose of explaining the program and future program promotion.

Parent/Guardian Signature

Front Desk Staff Use Only:

Payment Date: _____ Staff Initials: _____ Scholarship (Y/N): _____