

Wabash County YMCA

YSOCCER™

We build strong kids, strong families, strong communities.

Team Divisions:

Pre-School - Kindergarten (*born prior to 9/1/2006*)
1st & 2nd Grade 3rd & 4th Grade
5th through 8th Grade

Registration Fee:

\$ 55 YMCA Soccer Member only
\$ 30 YMCA Member
(\$5 multi-child discount)

Registration Deadline: August 27th After this date \$10 late fee (if space is still available) Games begin on Sept. 11th

Registration Form

Player Name _____ M/F Birth date ___/___/___ Age _____
Parent/Guardian _____
Address _____ City _____ Zip _____
Home Phone(____) _____ Cell Phone (____) _____
Parent e-mail _____
School Attending _____ Grade _____
Please List Special Health Concerns _____
Special Requests _____

Although we try very hard to accommodate as many people as possible, we cannot guarantee your request will be granted
Please Circle One

Youth Sizes XS (4-6) S (6-8) M (10-12) L (14-16)
Adult Sizes S (34-36) M (38-40) L (42-44) XL (46-48)

Volunteers Needed

Without volunteers, our program cannot exist

As a volunteer, you are guaranteed to be placed with your child's team

Please circle one of the following: **Coach** **Assistant Coach**
Name of volunteer(s) _____

Coach - possible coaching experience in this sport/another or possible previous assistant coach
Assistant coach- possibly coached before, limited availability, or never coached this sport, but interested

Sponsorship/Scholarship Fund

Team Sponsor \$125 (proceeds are tax deductible)
Sponsor name _____
Phone (____) _____
Sponsor name will appear on back of team's shirt & in newspaper



Strong Kids Campaign
Help a less fortunate child participate in sports
\$10 _____ \$20 _____ \$30 _____ \$40 _____
Other Amount \$ _____

Agreement

This waiver of liability must be **signed** by parent/legal guardian for registration to be valid. There is no insurance provided. As the parent/guardian of the applicant, I hereby certify that my child is in normal health & capable of safe participation in the YMCA Soccer Program and release its representatives from any suit, injury claim or demand which might result from participation in the program. I hereby authorize the Wabash County YMCA Inc, to obtain medical treatment for my child in the event that I cannot be reached. The YMCA has permission to use photographs and/or videos of my child in YMCA promotional material. I further agree to follow the parent's code of ethics. This waiver and liability & indemnify agreement is an express condition of participation in the program and is freely and knowingly executed.

Parent/ Guardian Signature _____ Date _____

Mail or drop off to: **Wabash County YMCA**
500 S. Cass Street Wabash, In. 46992
Questions? Call 260 563-YMCA (9622)

