



**2020 YOUTH SOCCER
REGISTRATION FORM**

PLAYER REGISTRATION

Child's last name Child's first name.....

Must be 3 as of September 1, 2019 Birth Date Current Age Male Female

Years of soccer experience?

Street Address.....

City..... State..... Zip.....

Email (please print neatly)

Parent/Guardian Name(s)

Best Contact Number

Emergency Contact Name Phone

Is the child a YMCA member? Yes No

Child's medical information—please circle Yes or No for the questions below

- Take any medications regularly? Yes or No Please list
- Suffer from asthma or breathing disorder? Yes or No Use an inhaler? Yes or No
- Have any allergies? Yes or No Please describe
- Any other medical conditions that coaches should be aware of

CIRCLE JERSEY SIZE: YXS |YS |YM |YL |AS |AM| AL | AXL

HOW DID YOU HEAR ABOUT SPRING SOCCER? FACEBOOK___ RADIO___

PRINT ADVERTISING___ FRIENDS/FAMILY___ OTHER (PLEASE SPECIFY)_____

**PLEASE CIRCLE THE LEVEL FOR WHICH
YOUR CHILD WILL BE REGISTERING:**

PreK – K

1ST - 2ND GRADE

3RD - 4TH GRADE

5TH - 7TH GRADE

REGISTRATION: NOW - MARCH 30TH

PRACTICE START DATE: TBD

SEASON: TEN GAMES APRIL 16TH - May 16TH

GAMES WILL BE ON THURSDAYS AND SATURDAYS

**REGISTRATION COST:
\$35**

Agreement

Parent / Guardian / Volunteer Agreement and Consent to Participation

I / We certify that all Player Registration Information given above is true and correct and that I / we am authorized to give this consent. I / We agree for myself and the Registered Player as the Parent or Guardian of the Registered Player to uphold all League Policies and Rules, Regulations, By-Laws, and codes of the Four Seasons YMCA In order to participate in this Program, as Parent or Guardian for the Registered Player I assume the risk of any and all injuries suffered or caused by the Registered Player due to participation in this activity.

Additionally, I / we hereby give consent to all Medical Care prescribed by a duly licensed physician for the Registered Player who is my dependent if the injury or illness occurs while he / she is under the supervision of the Four Seasons YMCA This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the Registered Player who is my dependent.

..... Date

FRONT DESK STAFF USE ONLY STAFF _____ DATE _____ PAID: Cash Check Credit AMOUNT: _____

VOLUNTEER REGISTRATION

VOLUNTEERS NEEDED! Providing a great soccer program to the children in our community is made possible by the support of volunteers. Thank you for your partnership!

Ways to Volunteer:

I am interested in volunteering in the following ways (check all that apply):

Coach Assistant Coach Referee Bringing Refreshments

What experience do you have as a Coach/Assistant Coach/Referee? (if applying to volunteer in this capacity)

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Volunteer Information:

Full Name

Street Address

City State Zip

Phone Email.....

Social Security Number Date of Birth

SPECIAL REQUESTS:

In order to keep teams balanced special requests may be limited.

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SPONSOR REGISTRATION

Want to see your company name on the back of an entire team's jersey?

For a **minimum donation of \$100** your company name will be written in block letters above the number on the back of the jersey. This sponsorship is for one team only (approximately 10 kids per team).

Spread the word to your friends and family or your favorite local company; what an easy way to advertise!!!

I (your name) am representing (company name)

.....

and would like to donate (amount) for a team sponsorship.

Name to be printed on jersey

Name of player whose team is being sponsored

Sponsorship money is due by March 31st, 2020