



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# YOUTH INDOOR SOCCER- SESSION 2 2019 REGISTRATION FORM

**Who:** Grades: Pre-K (age 3)-6th grade  
**Where:** All games are played on Saturdays at the YMCA of Hannibal  
**When:** Season runs March 9th- April 13th  
**Registration and Fees:** Early Bird: January 14th-25th Members \$35 Non members \$53  
Normal Registration January 29-February 23 Members \$40 Non members \$59  
 Late fee (February 23rd) \$10 Financial Assistance is available  
 (Placement on team after registration period is dependent on space available only)  
 Please remit to YMCA of Hannibal (Do not return to school)  
 Mandatory Equipment- Mouth piece and shin guards (Available at YMCA)

**ONLINE REGISTRATION NOW AVAILABLE.**  
**VISIT US AT [WWW.YMCAOFHANNIBAL.ORG](http://WWW.YMCAOFHANNIBAL.ORG) TO REGISTER ONLINE TODAY**



## YOUTH INDOOR SOCCER-SESSION 2 2019

Name: \_\_\_\_\_ Sex: M F Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt YS YM YL AS AM AL AXL  
 Special Health Needs/Requests \_\_\_\_\_  
 Skill Level (circle one) A-advanced, B-Intermediate, C-beginner. Number of Years Experience \_\_\_\_\_  
 Parent(s) Name(s) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Guardian(s) Name(s) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### Agreement

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached. I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership.

**I AM WILLING TO PARTICIPATE AS A VOLUNTEER IN SUPPORT OF THE PROGRAM: (PLEASE CIRCLE ONE OR MORE.)**

**COACH      ASSISTANT COACH      OFFICIAL      OTHER: \_\_\_\_\_**

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Staff \_\_\_\_\_  
 Put in Dakxo \_\_\_\_\_