



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUTH SPRING SOCCER 2017 REGISTRATION FORM

Who: Grades: Pre-K (age 3)-6th grade
Where: All games are played on Saturdays at the 7th Street Soccer Fields
When: Season runs April 8th-May 20th, 2017
Registration and Fees: Early Bird: February 27th-March 5th Members \$24 Non members \$38
Normal Registration March 6th-March 19th Members \$28 Non members \$42
 Late fee (After March 20th) \$5 Financial Assistance is available
Coaches meeting: Thursday, March 30th @6pm
 Please remit to YMCA of Hannibal (Do not return to school)
 Mandatory Equipment- Mouth piece and shin guards (Available at YMCA)

Follow us on our YMCA Sports Facebook Page for all information regarding our Sports Program.

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 as a : (circle one or more)

COACH ASSISANT COACH OFFICIAL OTHER _____

Signature of parent or guardian _____ Date _____

FOR OFFICE USE ONLY

Date _____ Amount Paid _____ Check # _____ Cash _____ Staff _____
 Put in Trinexum _____ code #29