



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

# YOUTH INDOOR SOCCER– SESSION 2 2017

## REGISTRATION FORM

**Who:** Grades: Pre-K (age 3)-5th grade  
**Where:** Games: YMCA of Hannibal  
 Practices Locations: St. Johns School or Calvary Baptist  
**When:** Season runs January 13th-February 17th (six weeks)  
**Registration and Fees:** Early Bird: Oct. 30 - Nov. 5: Members \$24 Non members \$38  
Normal Registration Nov. 6 - 26: Members \$28 Non members \$42  
 Late fee (After October 9th) \$5. \**Financial Assistance is available*  
**Coaches meeting / Coaches Clinic:** **December 19th, 2017- 6:15pm at the YMCA**  
 (Your coaches will contact you following this meeting)

\*We cannot guarantee that your child will be placed on the team or have the coach that you request

\*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**



(Front Desk Keep)

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

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

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FOR OFFICE USE ONLY

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Staff \_\_\_\_\_  
 Put in Daxko \_\_\_\_\_ code #29