

# 2018 YMCA Outdoor Soccer

www.ymcatricities.org

| Outdoor Soccer League  |   |
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| <b>Ages</b>  | 3-10   practices & games are held during the week           |
| <b>Season</b>  | June 18 thru August 3                                       |
| <b>Team Registration</b><br>(For coaches submitting rosters of 1 player or more) | SUBMIT ROSTERS ON-LINE OR IN OFFICE:<br>April 23 thru May 4 |
| <b>Y-Member Registration</b>   \$28  | REGISTER ON-LINE OR IN OFFICE: May 7 thru 11                |
| <b>Community Registration</b>   \$42   | REGISTER ON-LINE OR IN OFFICE: May 14 thru 25               |

| CHILD 1   |           |               |   |        |
|---|-----------|---------------|---|--------|
| First Name  | Last Name | Date of Birth | Age   | Gender |
| T-Shirt Size <input type="checkbox"/> Extra Small (2-4) <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> Other _____  |           |               |   |        |
| Game Day Preference: Please select the day you prefer your games.<br>Practices are typically once a week and scheduled at the discretion of the coach   |           |               | <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Wednesday<br>3-4 & 5-6 age division 7-8 & 9-10 age division |        |
| You may choose a preferred coach or request to play with a buddy (please check one box below)<br><i>Your buddy must also request to play with you. You both must also choose the same location and day. If the same location/day are not chosen, your preferred location will supersede your buddy request.</i> |           |               | Please provide first and last name of your buddy or coach:  |        |
| <input type="checkbox"/> Coach Preference <input type="checkbox"/> Play with a buddy  |           |               |   |        |

| CHILD 2   |            |               |   |        |
|---|------------|---------------|---|--------|
| First Name  | Last Names | Date of Birth | Age   | Gender |
| T-Shirt Size <input type="checkbox"/> Extra Small (2-4) <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> Other _____  |            |               |   |        |
| Game Day Preference: Please select the day you prefer your games.<br>Practices are typically once a week and scheduled at the discretion of the coach   |            |               | <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Wednesday<br>3-4 & 5-6 age division 7-8 & 9-10 age division |        |
| You may choose a preferred coach or request to play with a buddy (please check one box below)<br><i>Your buddy must also request to play with you. You both must also choose the same location and day. If the same location/day are not chosen, your preferred location will supersede your buddy request.</i> |            |               | Please provide first and last name of your buddy or coach:  |        |
| <input type="checkbox"/> Coach Preference <input type="checkbox"/> Play with a buddy  |            |               |   |        |

| CHILD 3   |           |               |   |        |
|---|-----------|---------------|---|--------|
| First Name  | Last Name | Date of Birth | Age   | Gender |
| T-Shirt Size <input type="checkbox"/> Extra Small (2-4) <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> Other _____  |           |               |   |        |
| Game Day Preference: Please select the day you prefer your games.<br>Practices are typically once a week and scheduled at the discretion of the coach   |           |               | <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Wednesday<br>3-4 & 5-6 age division 7-8 & 9-10 age division |        |
| You may choose a preferred coach or request to play with a buddy (please check one box below)<br><i>Your buddy must also request to play with you. You both must also choose the same location and day. If the same location/day are not chosen, your preferred location will supersede your buddy request.</i> |           |               | Please provide first and last name of your buddy or coach:  |        |
| <input type="checkbox"/> Coach Preference <input type="checkbox"/> Play with a buddy  |           |               |   |        |

| CONTACT INFORMATION   |            |                 |               |       |     |
|---|------------|-----------------|---------------|-------|-----|
| Address   |            | Apt             | City          | State | Zip |
| Parent 1 Name   |            |                 | Parent 2 Name |       |     |
| Primary Phone   | Work Phone | Emergency Phone | Cell Phone    |       |     |
| Email- you may add up to 2 emails.<br>(Emails are used for coaches to communicate with their team.) |            |                 |               |       |     |

Sign me up for the Y-Buzz monthly email newsletter
  I am already receiving the Y-Buzz
  No Thank you

**Participation/Liability Release:** I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen. Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.

**Insurance:** It is the responsibility of every individual, their parent/legal guardian, to provide for their own accident and health coverage while participating in YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.

**Medical Treatment:** If a parent/guardian cannot reasonably be located when my child requires medical attention, I hereby authorize the YMCA to transport my child and consent to any medical and/or surgical treatment of the above named participant that such staff or medical personnel deem advisable or necessary. I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary.

**Permission:** I give the YMCA permission to use, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting YMCA programs without limitation, compensation or obligation.

I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form.

|                                 |      |
|---------------------------------|------|
| Parent/Legal Guardian Signature | Date |
|---------------------------------|------|

| SCHOLARSHIP ASSISTANCE  |
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| No child will be turned away due to their family's inability to pay. Financial assistance is available to the extent possible thanks to the YMCA Strong Kids Campaign. Contact the YMCA for assistance. Applications are available at the YMCA office and online. |

| I WANT TO HELP KIDS PARTICIPATE   |
|---|
| Please accept my tax deductible donation to the YMCA Scholarship Fund to ensure all kids in our community can participate, regardless of financial circumstances. |
| <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$25  |