

PIKE COUNTY YMCA 2017 FALL SOCCER LEAGUE REGISTRATION

***AGE DIVISION:**

U4 U6 U8

U10 U13

FILL IN COMPLETELY, PLEASE PRINT

Player's *Last* Name Preferred *First* Name

DOB: ___/___/___ Age: _____ Sex: Male ___ Female ___ Grade: _____

Home Address City State Phone

Father's Last Name First Name Phone

Mother's Last Name First Name Phone

School: _____

E-mail address: _____

Most league correspondences will take place in the form of e-mail. Please print clearly.

* When determining the age group for a season, the year the season ends should be used for determining the birth year. Also note that the format "U followed by age" really means that age and younger. For example, U8 should be read as 8 and younger. You are permitted to request that your child play "up" a division, if you feel that doing so will be beneficial to their experience.

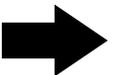
2013-2015 = U4 Division
2011-2012 = U6 Division
2009-2010 = U8 Division
2007-2008 = U10 Division
2004-2006 = U13 Division

PLEASE CIRCLE ONE SHIRT SIZE

YOUTH: Youth X-Small (4-6) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

ADULT: Adult Small Adult Medium Adult Large
Adult X-Large Adult 2X-Large Adult 3X-Large

OVER



VOLUNTEER INFORMATION

**** IMPORTANT:** The Pike County YMCA Youth League is a VOLUNTEER organization.

The Success of the program totally depends on the cooperation of the parents as well as the players. Please indicate how you will help this season by checking at least one of the areas below.

I/WE VOLUNTEER TO:	NAME	SHIRT SIZE	PHONE
Head Coach**	_____	_____	_____
Assistant Coach**	_____	_____	_____
Referee**	_____	_____	_____
Other _____	_____	_____	_____

***If you are interested in helping, please list your Name, Shirt Size and Phone # on the lines provided*

TEAM REQUEST

*Though team requests cannot be guaranteed,
if you have a team preference, please list it below:*

I would like my child to be placed on
 _____ 's (Coach) Team
 OR on the same team as
 _____ (Player Name).

Reason for request:

If your child is unable to attend group practices, the YMCA has the right to move them to another team in an effort to keep a balance within the league.

CONSENT & WAIVER: I recognize and understand that all Youth Sports involve risk not encountered in everyday play. With this understanding in consideration, I permit my child to participate in the Fall Soccer Program. I agree not to hold the YMCA, Coaches, Referees, Board Members or Grounds Keepers responsible for any and all damages, claims, and or liability arising out of any injury to or caused by my child. There is NO insurance provided. All Players play at their own risk. Furthermore, I authorize the use of photos taken during said program to be used for official Pike County YMCA publications.

*****NO REFUNDS*****

 Signature of Parent or Guardian

 Date