

Summerville Catholic Regional School
Fall 2017 CO-ED
YMCA Soccer Registration Form
Deadline August 25th

The registration is for playing on a Summerville Catholic team in the YMCA league. All checks should be made payable to SCS-sports. All SCS students, children of our five parishes may participate. August 1st 2017 is what is used to determine what division you child should play in, for example if your child turns 8 before August 1st, he/she will play in the U10 division, if he/she turns 8 after August 1st, he/she will play in the U8 division.

____ **U6 YMCA Cost: \$110 Non YMCA/ YMCA \$75 Can not turn 6 on or before August 1st**
(Uniform sizes: ys ym yl as am alg axlg)

____ **U8 YMCA Cost: \$110 Non YMCA/ YMCA \$75 Can not turn 8 on or before August 1st**
(Uniform size: ys,ym,yl,as,am,alg, axlg)

____ **U10 YMCA Cost: \$110 Non YMCA/ YMCA \$75 Can not turn 10 on or before August 1st**
(Uniform size: ys,ym,yl,as,am,alg, axlg)

____ **U12 YMCA Cost: \$110 Non YMCA/ YMCA \$75 Can not turn 12 on or before August 1st**
(Uniform size: ys,ym,yl,as,am,alg, axlg)

____ **U14 YMCA Cost: \$110 Non YMCA/ YMCA \$75 Can not turn 14 on or before August 1st**
(Uniform size: ys,ym,yl,as,am,alg, axlg)

Sponsorship: If you interested in sponsoring one of our soccer teams please contact the Athletic Director, Jean Fox at the school 873-9310 ext. 109 or via email jfox@summervillecatholic.org

Company's Name: _____ **Contact Information:** _____

Player's Information: Please print clearly!

Name: _____ Grade: _____ Age: _____ (As of August 1, 2017)

DOB: _____ Address: _____

Phone: Home: _____ Cell: _____

EMAIL: _____

Parent/Guardian's Name: _____

Medical: List any concerns _____

PARENTS AUTHORIZATION

I, the parent/guardian of the above named child, hereby give approval to his/her participation in any or all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities and do hereby waive, release, absolve, indemnify to hold harmless the parent, local league organization, the school, the organizers, supervisors, participants and persons transporting my child to/from activities for any claim arising out of an injury to him/her except to the extent and in the amount covered by accident or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities or at other times while neither parent is available to grant authorization for emergency treatment.

Parent(s)/Guardian(s) signature: _____

Parent(s)/Guardian(s) Name (printed): _____