Futsal: Fall '17

Registration Deadline:

November 4th

**Please Complete Both Sides** 



Pike County YMCA (740) 947-8862 www.pikecountyymca.org

Team Name:			Team Color:								
Coach:			Division:	U8	U10	U1	2	U14	HSB	HSG	ADULT
Address:			City:					Zip Code:			
Cell Phone:	one:			Email Address:							
Requests:		•									
Team Roster		The following	information m	ust b	e collected	d and co	nplete,	prior to	participati	on.	
Last Name	First Name	Home	Address (please	includ	de city and zi	ip)		Date	of Birth		Phone #

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Team Roster	The following information must be collected and complete, prior to participation.				
Last Name	First Name	Email	Emergency Contact	Emergency Contact Ph #	(Parent's) Signature

Coaches Waiver: I, the above-named coach of this team,	wish to register my team in the YMCA Futsal League. I hereby state that all the above
information is true and that all my players meet the age re-	quirements for the division in which we will be competing. Furthermore, I agree to conduct
myself with sportsmanship and instruct my team to do the	same.
Signature:	_Date: