



Fall Soccer Registration Form
DUE SEPTEMBER 22ND
(\$5 discount if registered by SEPTEMBER 1ST)

CHILD'S NAME: _____ BIRTH DATE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PRIMARY CELLPHONE NUMBER: _____

PARENT/GUARDIAN: _____

PRIMARY CELLPHONE NUMBER: _____

CIRCLE: MEMBER \$55.00 NON-MEMBER \$65.00

SHIRT SIZE: ___YS ___YM ___YL ___AS ___AM ___AL ___AXL

WE NEED COACHES! WOULD YOU LIKE TO HELP? YES NO

The following statements must be initialed by parent/guardian:

_____ I understand that any sport or physical activity comes with an inherent risk of injury. Furthermore, should my child be injured while participating in this program at the Union County Family YMCA I will not hold the Union County Family YMCA or its representatives responsible.

_____ In my absence, I give the representatives of the Union County Family YMCA permission to treat any injury my child may sustain to the extent of their ability and to transport my child in an emergency vehicle, if needed.

_____ I give the Union County Family YMCA permission to use my child's photograph or likeness for advertising and promotional purposes.

_____ I understand that this league is coached by volunteers with YMCA training. The situation may arise where I need to assist with coaching at any practice or game.

Parent/Guardian Signature: _____ Date: _____

