



Union County YMCA
(864)427-0668

Spring Soccer Registration Form

DUE BY February 28, 2025 Practice will begin on March 10th
(Ages 4-13; Can not turn 14 before February 1, 2025)

CHILD'S NAME: _____

BIRTH DATE: _____ AGE: _____ CIRCLE: MALE / FEMALE

ADDRESS: _____

PARENT/GUARDIAN: _____

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: _____