



**SOCCER**

## **YMCA YOUTH SPORTS DRAFT CARD**

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male  Female

Would you like to coach or assist?    Yes  No

Coordinate practice with a sibling?    Yes  No

Preferred Practice Day:    Tues  Wed  Thurs

Email\*: \_\_\_\_\_

\*Please print legibly as email communication WILL be used to notify you about practices, games, snacks and season updates.