



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



2016 Spring Soccer Registration

Participant Status: (Check One) Y Member: _____ Program Member: _____

Participant Information:

First Name: _____ Last Name: _____

Birth Date: _____ Age: _____ Male/Female (Circle One)

Years of Soccer Experience: _____ T-Shirt Size: (Circle One) YS YM YL AS AM AL AXL

Mailing Address: _____

Parent/Guardian Name: _____ Phone: _____

Relationship to the Participant: _____ E-mail: _____

Age Matrix: (Circle the age group based on your child's date of birth.)

Age Group	Birth Date	Y Member Fee*	Program Member Fee*
U-4	8/2011 thru 7/2013	FREE	\$15
U-6	8/2009 thru 7/2011	FREE	\$15
U-8	8/2007 thru 7/2009	\$30	\$60
U-10	8/2005 thru 7/2007	\$30	\$60
U-12	8/2003 thru 7/2005	\$30	\$60

PLEASE NOTE:

YMCA Youth Soccer utilizes a draft system to place players on teams. Special requests may be made but are not guaranteed to be fulfilled. Once rosters are made they are FINAL.

*\$10 Late Fee Applies for registrations received after March 6th.

Volunteer:

_____ YES! I would like to volunteer for YMCA Youth Soccer as a: Coach Asst. Coach Referee (Circle One)

Volunteer Name: _____ Shirt Size: _____ Contact Number: _____

Consent for Medical Treatment:

As the parent or legal guardian of the above named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed physician. The care may be provided under whatever conditions necessary to preserve the well being of my participant.

Parent/Legal Guardian Signature: _____ Date: _____

DELIVER COMPLETED FORM TO:

YMCA of Southern West Virginia | Attn: Daniel Vass | 121 E. Main St. | Beckley, WV 25801 | 304.252.0715