

2013 FALL SESSION of YMCA FUTSAL

Pike County YMCA (740) 947-8862

www.pikecountnymca.org



Age Division (Circle One):	U8	U10
<i>The team will be placed in a division based on the oldest player on the roster</i>	U12	U14
	U16	U18
	HSG	ADULT

Jersey Color: _____

Team Name _____

Head Coach _____

Address _____ **City** _____ **Zip Code** _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Email Address* _____ *Most league correspondences will be done through e-mail

Team Roster _____ *Players cannot participate without a Parent's Signature*

<u>Last Name</u>	<u>First Name</u>	<u>DOB</u>	<u>Phone</u>	<u>E-Mail Address</u>	<u>Parent(s) Name(s)</u>	<u>Parent Signature</u>

By signing as the parent/guardian of the child named above, I verify that the information given is correct and do hereby release and discharge the Pike County YMCA, its staff, coaches, officials & volunteers from any and all claims of damages in any manner arising from his/her participation in this YMCA program. Furthermore, I authorize the use of photos taken during said program to be used for official Pike County YMCA publications

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 of the

above information is true and that all my players meet the age requirements 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** _____