



SOCCER



Registration: May 1st - June 18th

Who

Boys & Girls Ages 5-12

When

Season: July 23rd – September

(Games and practices will take place weekday evenings at local Yakima School District Fields)

Divisions

- Ages 5-6
- Ages 7-9
- Ages 10-12



Registration Deadline

Saturday, June 18th

***Additional \$10 fee charged after June 18th**

Register online now at:
www.yakimaymca.org

Volunteer Coach- We need you!

Contact Gilberto Duran at 972-5273.

For More Information, Contact
Youth Sports Coordinator
Gilberto Duran (509) 972-5273.
gduran@yakimaymca.org

Program Fee:

YMCA Program Member: \$65
YMCA Facility Participant: \$55



“Para mas informacion en espanol, por favor de llamar al (509) 972-5273.”

PLEASE FILL OUT YOUTH SOCCER FORM COMPLETELY

YMCA Refund Policy: There will be a 20% processing fee on all Program fee refunds. Refunds will not be given after program begins, or for required deposits/registration fees. Ask about our program credit voucher.

First Name: _____ Last Name: _____ Date of Birth ____ / ____ / ____ **Age:** ____

Address: _____ City: _____ Zip: _____ School: _____ Grade: ____

Gender (circle one): M / F Home/Cell Phone #: _____ E-mail: _____

Parent's Name _____ Home/Cell Phone #: _____

Emergency Contact: _____ Phone: _____

Are you willing to coach? Yes / No Name: _____ Phone #: _____ Coach T-Shirt Size: ____

Division (Circle One): Co-ed:/Boys:/Girls: Ages 5-6 Ages 7-9 Ages 10-12

Jersey Size (Circle One): **Youth Sizes:** S / M / L **Adult Sizes:** S / M / L / XL

I would like my child to play on a team with... _____

“I hereby consent to the participation of my child in the Yakima Family YMCA Soccer League. I also, on behalf of my child, agree to indemnify and hold harmless the Yakima Family YMCA from any claims, costs, damages, liabilities or expenses resulting from injury to my child while in the care, custody or company of the directors, staff members or volunteers. I also give permission for the Yakima Family YMCA to use any photographs or video of my child for promotional purposes.”

Parent Signature _____ **Date** _____