



We build strong kids, strong families, strong communities.

YOUTH OUTDOOR SOCCER PROGRAM INFO

Last Day to Register: Saturday, May 15th

Fees: Members: FREE; Non-members: \$75 (\$5 Late Fee after May 15)

Ages: 4 – 12 Divisions: 4/5; 6/7; 8/9; 10-12 Year Olds

Practices: Begin June 8 (30-minutes, once a week, Tue – Fri)

Games: Begin June 19 (6 games; Saturdays, possible weeknights)

Times: 4/5's & 8/9's start 8:30 AM; 6/7's & 10-12's follow

MANDATORY COACH MEETING: Wed June 2 at 7:00PM
(all coaches are to attend; will receive rosters, schedules, shirts, etc)



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Everyone plays, Everyone wins

Eastside YMCA Program Staff

814-899-9622 ext. 236

Dustin Rhoades, Program Director

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Corey Wolff, Sports Coordinator

cwolff@ymcaerie.org

Schedules and Forms available online: www.ymcaerie.org/eastside/leagues

VOLUNTEER HEAD COACH FORM *(Volunteer HEAD COACHES are always needed!!!)*

Name of Volunteer(s): _____ Phone No: _____

E-Mail Address: _____

Coach Shirts (2 max): ___YM (10-12) ___YL (14-16) ___AS (34-36) ___AM (38-40) ___AL (42-44) ___AXL (46-48)

Please List Your Three Best Night/Time Slots (i.e.- Monday 6:00pm) – This will be used in selection of teams.

1. _____ 2. _____ 3. _____

(DETACH AT LINE – GIVE REGISTRATION FORM TO FRONT DESK STAFF – KEEP TOP PART FOR YOUR REFERENCE)

Eastside Family YMCA Youth Outdoor Soccer Registration Form

Name of Player _____ Phone _____

Address _____ City _____ Zip _____

Age (as of 06/19/10) _____ Gender _____ Date of Birth _____

Fees: Members Free (mark home branch) ___CTY ___DTY ___ESY ___GLY Nonmembers ___\$75 Late Fee? ___\$5

T-Shirt Sizes YM (10-12) YL (14-16) AS (34-36) AM (38-40) AL (42-44) AXL (46-48)

PLEASE RANK YOUR THREE (3) BEST PRACTICE NIGHTS

(Write 1 for best night, 2 for next best and 3 for an alternate; leave blank if any day is good;

(we try to place players on preferred nights but it depends on coach's preference so not all requests may be honored)

___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Name and Ages of Siblings Also Playing _____

Can Siblings Practice on Different Nights ___ Yes ___ No

Requests _____

Parent/Guardian Name (Print) _____

LIABILITY WAIVER: By signing this registration form I acknowledge that the risk of injury is possible while my child is participating in YMCA Youth Sports Programs. I agree to waive all claims against and hold harmless the Eastside Family YMCA, staff, and volunteer coaches of this program. I also agree that the YMCA of Greater Erie may photograph my child and use it for promotional reasons.

Parent/Guardian Signature _____ Date: _____