



# YMCA of Avery County

## Youth Spring Soccer

### Youth League:

Ages 3 – 13 year olds

### Cost:

\$45 for members, (\$40 each sibling)

\$55 for non-members (\$50 for each sibling)

\$10 late fee after registration closes on February 27, 2018, if space is available.

### Registration Dates:

January 22, 2018 – February 27, 2018

### Season Dates:

March 26, 2018 - May 8, 2018

### PLEASE Check Your Child's Age Range!

Ages 3-4\_\_\_\_\_ | Ages 5-6\_\_\_\_\_ | Ages 7-8\_\_\_\_\_

Ages 9 – 11\_\_\_\_\_ | Ages 12-13\_\_\_\_\_

**\*Times are dependent upon enrollment\***

### Location:

Will be addresses at Orientation

### Games:

Ages 3-4: Games will be held on Monday evenings

Ages 5-6: Games will be held on Monday evenings

Ages 7-8: Games will be held on Monday evenings

Ages 9-11 Game will be held on Tuesday evenings

Ages 12-13 Game will be held on Tuesday evenings

**PLAYER INFORMATION**

CHILD'S LAST NAME\_\_\_\_\_ CHILD'S FIRST NAME\_\_\_\_\_

AGE\_\_\_\_\_ BIRTHDATE\_\_\_\_\_ MALE\_\_\_\_\_ FEMALE\_\_\_\_\_

ADDRESS\_\_\_\_\_

JERSEY SIZE: (check one) YXS\_\_YS\_\_ YM\_\_ YL\_\_ AS\_\_ AM\_\_ AL\_\_ AXL\_\_

ARE YOU A YMCA MEMBER? YES\_\_\_\_\_ NO\_\_\_\_\_

MOM'S NAME\_\_\_\_\_ PHONE #\_\_\_\_\_

DAD'S NAME\_\_\_\_\_ PHONE #\_\_\_\_\_

EMAIL ADDRESS (**PRINT NEATLY!!!**)\_\_\_\_\_

DOES YOUR CHILD: (CIRCLE Y OR N):

Take any medications regularly? Y or N Please list\_\_\_\_\_

Suffer from asthma or breathing disorder? Y or N            Use an inhaler? Y or N

Have any allergies? Y or N Please describe\_\_\_\_\_

Any other medical conditions that coaches should be aware of? (list below)

\_\_\_\_\_

How did you hear about this program?\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEERS NEEDED**

***Without the assistance of volunteer coaches, the YMCA could not operate its Sports Leagues.*** Experience is not always necessary so do not be discouraged. If you are unable to volunteer, consider asking a friend or family member; sometimes they make the best volunteers (older siblings welcomed).

NAME\_\_\_\_\_ PHONE #\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_

COACH\_\_\_\_\_ ASSISTANT COACH\_\_\_\_\_ REFEREE\_\_\_\_\_

**SPECIAL REQUESTS**

(Special requests are **NOT** guaranteed but will be taken into consideration)

COACH REQUEST\_\_\_\_\_

PLAYER REQUEST (1 per person limit)\_\_\_\_\_

## **CONSENT FORM**

I hereby consent for my child or ward, named on registration, to participate in the YMCA Youth Sport program and agree to release the YMCA of Avery County, team coaches and league officials from any claims that may arise from injuries suffered by my child or ward while participating in practices, scrimmages or games. Further, I authorize the YMCA of Avery County to provide emergency treatment for illness or injury of my child if qualified medical personnel consider the treatment necessary and perform the treatment. I also consent the release of photos and the name of my child as deemed necessary. I have read all of the above information AND the registration flyer and understand all aspects of the YMCA Sports Program.

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Parent/Guardian Printed Name

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Parent/Guardian Signature

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Date

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***For questions or more information please contact:***

**James Penley, Director of Athletics**

**[jamesp@ymcaavery.org](mailto:jamesp@ymcaavery.org)**

**828-737-5500**

**Or**

**Brent Nidiffer, Sports Director**

**[Brentn@ymcaavery.org](mailto:Brentn@ymcaavery.org)**