



# YMCA Sports Spring Soccer 2021 Registration

Amount pd.\_\_\_\_  
Rec # \_\_\_\_\_  
Staff \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Child's Date of Birth (Month/Day/Year): \_\_/\_\_/\_\_ Child is: Male Female

**Age Group:** \_\_\_\_U-5 \_\_\_\_U-6 \_\_\_\_U-8 \_\_\_\_U-10 \_\_\_\_U-12

\_\_\_\_Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

<b>T-shirt Size:</b>	Youth XS (2/4)	Youth S (6/8)	Youth M (10/12)	Youth L (14/16)
	Adult Small	Adult Medium	Adult Large	Adult X Large

Please provide information about any medication, condition or allergies your child has that would be important for us to know about as we plan for this season.

### Permission and release Statement:

(Name of child) \_\_\_\_\_ (the registrant) has my permission to play in the Stanly Co. Family YMCA Sports Program.

\* Recognizing the possibility of physical injury associated with participation in this activity, I hereby release, discharge, and/or otherwise indemnify any affiliated organizations, sponsors, employees and associated personnel (including the owners of facilities utilized for the program) against any claim by or on behalf of the registrant as a result of his/her participation in the program and/or to or from the same, which transportation I hereby authorize.

\* I further release, discharge, and agree to hold harmless and indemnify the coaches of the Registrant's team from any and all liability, claims or demands arising from participation in the program, specifically to include any and all claims for personal injuries sustained while present or participating in said program.

\* I understand that my participation in this activity requires that my child be in sound physical condition, and I assume responsibility for his/her condition. In addition, in my absence I do hereby authorize the coaches or designated adults of the registrant's team, if after a reasonable attempt has been made to reach a parent or guardian (or if sound medical practice decrees that there is not time to make such an attempt) to consent to any medical treatment or examination deemed necessary by a licensed, qualified physician.

\* I give permission to the Stanly County Family YMCA to use pictures or videos of my child as a program participant in promotional literature/media published and used by the YMCA.

\* I understand that refunds will not be given.

\* I understand that protocols and rules may change throughout the season due to COVID-19.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### YOU CAN HELP US HAVE A SUCCESSFUL SEASON:

Would you be willing to be \_\_\_\_head coach or an \_\_\_\_assistant coach for your child's team?

\*\*There will be a mandatory training for coaches on 2/23 at 6:00 pm\*\*

Name: \_\_\_\_\_ t-shirt size: \_\_\_\_\_

Would you be willing to make a donation to help another child play soccer? \_\_\_\_yes \_\_\_\_no

Would you be willing to sponsor a team for \$250? \_\_\_\_yes \_\_\_\_no

If so, what would you like printed on the back of team shirts? \_\_\_\_\_