



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# YMCA OF DARKE COUNTY

## Fall Soccer Registration

### Age Divisions 4-6 & 7-10

## LEAGUE INFORMATION

## Registration Deadline- September 19

**Assessments- Sat., Sept. 20 (age 7-10 only)**

**Last name A-M- 9 AM | Last name N-Z- 10 AM**

**Practice- Saturdays- Sept. 27, Oct. 4- time TBD**

**First Game- Oct. 11 | Last Game Nov. 8 (5 games)**

**Picture Day- TBD**

**Coaches Meeting- Tues. Sept.23, 6:00 PM**

**Fee for Y members- \$30**

**Fee for potential members- \$55**

**AGE DIVISION**    4-6    7-10    (circle choice)

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address

City/State/Zip \_\_\_\_\_

Primary Phone Number Primary email

[illegible]

Please list your child's medical conditions or special considerations

How many years has your child played organized sports? \_\_\_\_\_ What sports do they have experience in? \_\_\_\_\_

For balance of teams, AT PLAY, your child is best described as: (select from a scale of one to five)

LEAST aggressive      1      2      3      4      5      MOST aggressive

**Parent/Guardian #1**

Name \_\_\_\_\_

Phone number

DOB 

Email

**Parent/Guardian #2**

Name \_\_\_\_\_

Phone number

DOB

Email

**Emergency Contact** (Please list a contact other than parent/guardian listed above.)

Name \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

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**Our leagues would not be possible without volunteers! Knowledge of soccer is not necessary, just a desire to work with kids and ability to learn as you go.**

I am willing to be a head coach. (Practice templates and training provided by the Y.)

I am willing to be an assistant coach.

Let us know if you are willing to provide additional volunteer help: \_\_\_\_\_ Official \_\_\_\_\_ Timer/Score  
Team parent help

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, or the presence of medical condition or handicap. I, the parent or guardian of the above child, verify that the above information is correct and do hereby discharge the YMCA of Darke County and its staff, organizers, volunteers, supervisors, officials, coaches, and participants from any and all claims of damages or injury in any manner arising from his/her participation in the YMCA sports program. I authorize the YMCA of Darke County to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached. I support the YMCA of Darke County Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership. I will fully accept the decision of the YMCA staff regarding the placement of my child on a team. I will conduct myself with a positive attitude toward coaches, opposing team players, officials, and YMCA staff members during the course of the season. I understand that the Y may photograph my child and use it for promotional purposes. I understand that no refunds will be given unless the YMCA cancels all or part of the program.

Parent/Guardian signature\* \_\_\_\_\_ Date \_\_\_\_\_

**\*REQUIRED**