



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



2019 Spring Soccer Registration

Participant Status: (Check One) Y Member: _____ Program Member: _____

Participants Information:

First Name: _____ Last Name: _____

Birth Date: _____ Age: _____ Male/Female (Circle One)

Years of Soccer Experience: _____ T-Shirt Size: (Circle One) YS YM YL AS AM AL AXL

Mailing Address: _____

Parent/Guardian Name: _____ Phone: _____

Relationship to the Participant: _____ E-mail: _____

Age Matrix: (Circle the age group based on your child's birth year.)

***\$15 Late Fee Applies for registrations received between March 3rd and 9th.**

MUST ATTACH A COPY OF BIRTH CERTIFICATE WITH REGISTRATION FORM.

Age Group	Birth Year	Y Member Fee*	Program Member Fee*
U-4	2015	\$15	\$30
U-6	2013 and 2014	\$20	\$40
U-8	2011 and 2012	\$40	\$70
U-10	2009 and 2010	\$40	\$70
U-12	2007 and 2008	\$40	\$70

PLEASE NOTE:

YMCA Youth Soccer utilizes a draft system to place players on teams. Special requests may be made but are not guaranteed to be fulfilled. Once rosters are made they are FINAL.

Volunteer:

_____ **YES! I would like to volunteer for YMCA Youth Soccer as a:** Coach Asst. Coach Referee (Circle One)

Volunteer Name: _____ Shirt Size: _____ Contact Number: _____

Consent for Medical Treatment:

As the parent or legal guardian of the above named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed physician. The care may be provided under whatever conditions necessary to preserve the well being of my participant.

Parent/Legal Guardian Signature: _____ Date: _____

DELIVER COMPLETED FORM TO:

YMCA of Southern West Virginia | Attn: Jason Logan | 121 E. Main St. | Beckley, WV 25801 | 304.252.0715