



# YOUTH SOCCER

\*Must Fill Out



Circle: Member/ Non-member Cherryville resident/Non-city Birthday \_\_\_/\_\_\_/\_\_\_  
\*Age \_\_\_ Grade \_\_\_ \*Circle: Male or Female \*League: 3-4 5-7 8-10 Middle School

## PARTICIPANT INFORMATION

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ \*Preferred Phone \_\_\_\_\_

\*Address \_\_\_\_\_ \*City, State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Shirt Size: (**Circle one**) YS YM YL AS AM AL AXL

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? (**circle one**) Yes No  
If yes, please state condition: \_\_\_\_\_

**PARENTS:** To help us better coach your child...At play, your child is best described as...  
(circle one) – 1 Having “beginner soccer knowledge” and 10 “advanced knowledge” –

1 2 3 4 5 6 7 8 9 10

*As a parent, I would like to volunteer to be a: (Please circle)*  
Coach Assistant Coach Referee Team parent

## EMERGENCY INFORMATION

Father’s Name \_\_\_\_\_ Preferred phone \_\_\_\_\_ \* Email \_\_\_\_\_

Mother’s Name \_\_\_\_\_ Preferred phone \_\_\_\_\_ \* Email \_\_\_\_\_

\*We communicate information and schedule changes by email when possible.

## PLEASE READ CAREFULLY – SIGNATURE REQUIRED

1. I hereby certify that my child is in normal health and capable of safe participation in the Youth Soccer Program. I assume all risk(s) and hazards to the conduct of this program and for the transportation to and from the program. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the Cherryville YMCA to transport my child to the nearest medical facility for treatment deemed necessary.
2. I support the YMCA Youth Sports Philosophy that is based on “Athletes First, Winning Second,” participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.
3. I understand there is a registration deadline, which the YMCA must enforce, and that there will be no refunds as the program is conducted.
4. I give permission to have my child’s photo taken for YMCA publicity.

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

*For Office Use Only*

Date Registered: \_\_\_ / \_\_\_ / \_\_\_ Amount paid: \$ \_\_\_\_\_ Registered by: \_\_\_\_\_