

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY



YOUTH FALL SOCCER at the

YMCA of Catawba Valley

Ages: Youth Fall Soccer is for boys and girls ages 3–19

Registration Dates: July 11th-August 21st

Registration Fees: Member fee is \$65 and non-member fee is \$120

Registration Includes: Full uniform, 7 regular season games, participation in tournament (if applicable)

Skills Day (If necessary): August 27th

Practice: Practices will begin the week of August 29th. Practice days and times will be determined after skills evaluation day (if necessary)

Games: Games will tentatively begin Saturday, September 17th. Games will mostly be held on Saturdays but there may be some week night games as well

Contact Info: For more information please contact Abbey Tarr at abbeyt@ymcacv.org or 828-464-6130

2022 Youth Fall Soccer Registration Form

			Branch Location:				
Hickory Foundation YMCA				Adrian L. Shuford, Jr. YMCA			
			Age Division:				
3-4 Coed Monday			4 Coed Saturday	5-6 Coed 7-9 Girls			
7-9 Boys	7-9 Boys10-13 Girls		10-13 Boys		5 Coed	17-19 Coed	
Child's Name:		Dat	Date of Birth:		Age:		
Address:			City:		Zip:		
Parent/Guardian Name:			Date of Birth:		Cell:		
Other Parent/Guardian Name:			Date of Birth:		Cell:		
Email Address (plea	se print legibly):						
Years Played Sport:							
		(Child's Shirt Size:				
Youth XS	Youth S	Youth M	Youth L	Adult S	Adult M	Adult L	
					Adult XL		

YMCA Youth Sports are not possible without the help of volunteers. As a parent, I would like to:

Head Coach (Shirt Size:_____) OR Assistant Coach (Shirt Size:_____)

TEAM SPONSOR

\$250, Business name on back of uniform

\$500, Business name on back of uniform and banner on the field

I hereby certify that my child is in normal health and capable of safe participation in YMCA Youth Sport Programs. I do acknowledge the risk of injury and/or illness associated with playing sports at the YMCA of Catawba Valley. I agree to waive all claims, and hold harmless the YMCA of Catawba Valley staff, volunteers, coaches and sponsors. 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 YMCA to transport my child to the nearest medical facility for treatment deemed necessary.

I support the YMCA 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.

I acknowledge the YMCA does not have to honor requests for coaches and or teammates because we intend to keep teams fair and balanced.

I understand that there is a registration deadline, which the YMCA must enforce, and there are no refunds as the program is conducted. COVID-19 Refund Policy: Should the YMCA have to cancel any sport in while or partially due to a stay-at-home order or for any other reason, the YMCA will issue a pro-rated system credit to be used for any YMCA programming/membership at a future date. I give permission to have my child's photo taken for YMCA publicity without repayment.

Parent/Guardian Signature:_____

Date: