



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUTH Spring SOCCER

at the

YMCA of Catawba Valley



Program Information

Ages:

- For boys and girls ages 3-18

When:

- Registration is from
December 7th-February 12th
- Practices will start February 20th
- Games will start March 11th
- Tournament for ages 7+ will be May
1st-6th

Where:

- Games will be played at the Hickory
branch and/or Shuford branch

Registration Information

Price:

- Member: \$70
- Non-member: \$130
- Late Fee: \$10

Late registration must be approved by the Program Director. Availability is not guaranteed.

Includes:

- Full Uniform
- 6-7 season games
- Tournament for ages 7+
- Medals

Contact Info:

Hickory Foundation YMCA: Antionne Mayhew - antionnem@ymcacv.org

Adrian L. Shuford YMCA: Abbey Tarr -abbeyt@ymcacv.org

For further information about our program, please refer to our
Parent Handbook located on our website

2023 Youth Spring Soccer Registration Form

Branch Location:

___ Hickory Foundation YMCA ___ Adrian L. Shuford, Jr. YMCA

Age Division:

___ 3-4 Coed Monday (Hickory only) ___ 3-4 Coed Saturday ___ 5-6 Coed ___ 7-9 Girls
___ 7-9 Boys ___ 10-12 Girls ___ 10-12 Boys ___ 13-15 Boys ___ 13-15 Girls ___ 16-19 Coed

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Date of Birth: _____ Cell: _____

Other Parent/Guardian Name: _____ Date of Birth: _____ Cell: _____

Email Address (please 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

As a parent, I would like to:

Team Sponsor:

___ \$250, Business name on back of uniform

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

As a parent, I would like to:

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

Special Requests: (Considered but NOT Guaranteed) _____

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. I give permission to have my child's photo taken for YMCA publicity without repayment.

Parent/Guardian Signature: _____ Date: _____