

# Decatur County Family YMCA

# Youth Soccer League

**Skills Test:** All ages skills test Saturday, July 28th  
 9:00-9:45 Ages 3&4  
 10:00-10:45 Ages 5&6  
 11:00-11:45 Ages 7-9

**Coaches will contact players with the time of their practice by August 1st**

**GAMES:** Saturdays between 9:00-1:00 PM  
 Starting August 11th  
 (6 games)

**\*Divisions may change based on registration numbers\***



**REGISTER AT THE YMCA**  
**Now — July 24th**  
 Building Hours  
 Mon-Fri 6:00am-9:00pm  
 Saturday 9:00am-5:00pm  
 Sunday 1:00pm-5:00pm

**CONTACT INFORMATION**  
**Cameron Baker**  
**PHONE: (812)663-9622**  
**EMAIL: cameronb@dcfymca.org**

**\$35 YM**  
**\$45 PM**  
**\*Financial Assistance Available\***  
**After July 24th a \$5 late fee will be applied**

YMCA Youth League Registration

Sport—Youth Soccer 2018-5

Name \_\_\_\_\_ Sex: **Male** **Female** Birth date   /  /   Age    Grade     
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Special health needs \_\_\_\_\_

\*\*Families are asked to be flexible with practice days (Mon-Fri) for ease of field space & coach scheduling\*\*

T-Shirt Size:    YS    YM    YL    AS    AM    AL    AXL  
 Parent/Guardian Name \_\_\_\_\_ Birth date   /  /   Cell Phone \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Secondary Email: \_\_\_\_\_

I will **Coach/Asst. Coach** my child's team. **Coach Name:** \_\_\_\_\_ **Coach T-Shirt Size:** \_\_\_\_\_

**\*VOLUNTEER COACHES ARE CRITICAL TO THE SUCCESS OF THIS PROGRAM!**

I will sponsor or know a sponsor for \_\_\_\_\_ Team(s). Sponsor Name \_\_\_\_\_  
 Sponsors will pay \$100 & have their company name on the back of a team's uniform.

**Waiver**

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Decatur County Family YMCA to obtain medical treatment for my child in the event that the parent(s) and the emergency contact cannot be reached. I support the YMCA Youth philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership. I agree that the Decatur County Family YMCA has my permission to use pictures and other art forms depicting my child in future publications and promotions.

\_\_\_\_\_  
 (Parent/Guardian Signature)

\_\_\_\_\_  
 (Date)