

Y SOCCER TM

Grades: K-6th

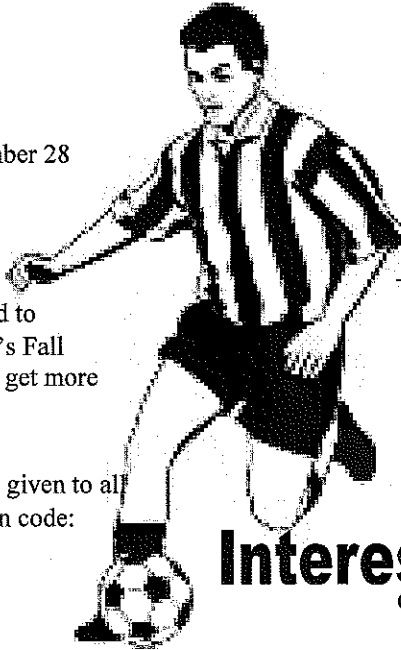
Cost: \$40 YM \$60 PM

Registration Ends: Monday, September 28

Games Start: October 10

Information: DCYSC players are invited to participate in the Decatur County Family YMCA's Fall Youth Soccer League. Don't miss your chance to get more soccer in before it gets too cold!!

SPECIAL RATE: A \$5 discount will given to all DCYSC players that register by Monday. Mention code: DCYSC.



How to Register

-Online at
www.decatourcountyfamilyymca.org

-On location at Decatur County Family YMCA

-Over the phone (Payment with credit card) by calling (812) 663-9622

**For more information, please contact
Devon Brown
(812) 663-9622 ext. 18

Interested in coaching?

Call Devon to get involved.

YOUTH LEAGUE/CLASS REGISTRATION FORM

Name _____ Sex _____ Birth date ____/____/____ Height _____ Weight _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Shirt Size *if applicable: (circle one) Youth: S M L Adult: S M L XL
 Special health needs/special requests _____
 Father's Name _____ Work Phone _____ Cell Phone _____
 Email Address _____
 Mother's Name _____ Work Phone _____ Cell Phone _____
 Email Address _____
 Emergency Contact _____ Relationship to participant _____
 Home Phone _____ Cell Phone _____

I am willing to participate as a volunteer in support of this program as a: (circle one or more) Coach Assistant Coach Official Other
 I will sponsor or know a sponsor for _____ Team(s). (only \$125 per team)

AGREEMENT

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risks 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 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.

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|---|------------------------------|---------------------------------|
| _____ Parent/Guardian Signature _____ Date | STAFF USE ONLY | |
| | Address Verified Y or N | Entered into MemberST Y or N |
| | Phone #'s Verified Y or N | If not, Why? _____ |
| | Staff Initials _____ | |