

REGISTRATION DEADLINE March 16, 2020



# YMCA 1st - 6th Grade Soccer Registration Form

**REGISTRATION DEADLINE:** Monday March 16<sup>th</sup>, 2020

**SEASON BEGINS:** Season begins in April. Games will be played on weekday evenings and possibly some Saturday mornings.

**FEE:** \$35.00 (Includes T-Shirt)

**NOTE:** All participants **MUST** provide and wear shin guards

Categories for play are:  
1<sup>st</sup> grade  
2<sup>nd</sup> grade  
3<sup>rd</sup> & 4<sup>th</sup> grade  
5<sup>th</sup> & 6<sup>th</sup> grade

**NO PHYSICAL REQUIRED**

**\$10.00 late fee if not turned in by the March 16<sup>th</sup> deadline**

**VOLUNTEER COACHES NEEDED. PLEASE CALL THE YMCA AT 762-4780**

CHILDS NAME: \_\_\_\_\_ Male Female PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
*If in 6th grade, put elementary school you attended last year*

SHIRT SIZE: Youth Medium Youth Large  
Adult Small Adult Medium Adult Large X-Large

Pd \_\_\_\_ W \_\_\_\_  
Recp. \_\_\_\_\_  
Active Duty \_\_\_\_  
Reserves \_\_\_\_  
Retired \_\_\_\_  
Name \_\_\_\_\_

The Junction City Family YMCA **does not** provide medical or accident insurance for any youth programs. It is the responsibility of the participant's parents or legal guardian to provide such insurance if desired. In consideration of my acceptance in these programs, I do, release and forever discharge, the Junction City Family YMCA, its officers, employees and agents, and its successors and assigns from any and all claims of demands which I may have or might have at any time now or in the future, arising or resulting directly from my child's participation in these programs, including but not limited to any illness, injury, or occurrence arising there from. Furthermore, I declare my child to be in good medical condition for the participation in the above program. **For children who qualify for the free or reduced lunch program, the registration fee will be \$10.** A \$5.00 processing fee is charged for any refund.

PRINT PARENT OR GUARDIAN NAME: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS OF PARENT OR GUARDIAN: \_\_\_\_\_

## Volunteer Coaching Information

I am willing to be a Volunteer Coach Yes or No If yes, please indicate what grade level \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Partnered with:



**Please Return Form to:**

Junction City Family YMCA  
1703 McFarland Road  
Junction City, 66441  
Phone: (785) 762-4780

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**