



We build strong kids, strong families, strong communities.

**Calhoun County YMCA**  
Youth Fall Soccer 2010 Registration Form  
Season Starts October 16

AGES 3-14

**REGISTRATION July 26 – September 12**

Participant's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male / Female

Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Last Years Coach: \_\_\_\_\_ Helpful Information: \_\_\_\_\_

Specific team request will be considered, but placement is not guaranteed. Email: \_\_\_\_\_

**\*\*\* TEAMS ARE CO-ED \*\*\***

**SHIN GUARDS ARE REQUIRED**

I would like to help as a: **Coach Assistant Coach Referee ( Background check forms needed)**

**Window Decal \$12 Extra (child's name):** \_\_\_\_\_

**Would you like to donate towards Friends of Youth: Enter Amount \$** \_\_\_\_\_

*Help a child participate that cannot afford to*

**T-shirt Size** (please circle one size): Youth-XS Youth-S Youth-M Youth-L  
Adult-S Adult-M Adult-L Adult-XL

I hereby give approval for the participation of my child in any YMCA league activities and I assume all risks and hazards to such participation including transportation to and from activities. I waive, release, absolve, indemnify, and agree to hold harmless the YMCA, organizers, supervisors, officers, directors, coaches, participants, referees, and schools.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**For more information, contact the Calhoun County YMCA ( Located at the Memorial Medical Plaza ) 551-2562  
YOU CAN MAIL THE REGISTRATION FORM TO 1300 N VIRGINIA, PORT LAVACA, TX 77979**

<b>FEES:</b>	<b>Annual Fee</b>	<b>League</b>
YMCA Members	None	\$35 Fees Include Game Shirt
Program Members	\$10 / year	\$45 Fees Include Game Shirt
		and
Late Fees	\$5 more after Sept. 25 if space is available	End of Season Award
\$5.00 discount for siblings		

**LIMITED FINANCIAL ASSISTANCE IS AVAILABLE**

*Office Use Only:* Reg fee: \_\_\_\_\_ Assoc fee: \_\_\_\_\_ Decal: \_\_\_\_\_ Late fee: \_\_\_\_\_ FOY: \_\_\_\_\_ Total: \_\_\_\_\_  
Member I.D.: \_\_\_\_\_ Cash or Ck.#: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_