

2021 Spring Soccer Registration

Participants: Co-ed, pre-K to 5th grade

Registration Period March 2 thru Apr. 5

*Coach's Meeting— Apr. 8 @ 5:30pm @ the Y
Season May Start— April 26

Pee Wee & Kickers games- Monday & Thursday
Strikers games - Tuesday & Thursday

Attention Parents

We need as many coaches as possible to make sure the children get plenty of instruction. The Y provides on-line training for the first time coaches.

If you coach your fee per child is discounted by 50%

Registration Fee:

Y Members—\$29

Program Participants—\$44

Scholarships Available

There will be a free soccer clinic for all players and coaches on Sat. April 3 from 10 AM— Noon at the small soccer fields near the Randolph Central bus barn. In case of inclement weather the clinic will be held indoors at the Randolph County Y. The clinic will be put on by the Amigos Real Futbol/Soccer Club. Please register for the clinic by visiting the amigosrealfc.org online. Registering online is preferred but not required to attend.

2021 Spring SOCCER REGISTRATION

Name of Player: _____ **Gender:** M ___ F ___ **DOB** ___/___/___

Age: ___ **Grade:** ___ **Allergies:** _____

Pee Wee (pre K-K) ___ **Kickers(Gr.1 & 2)** ___ **Strikers (Gr. 3-5)** ___

Address: Street _____ **City:** _____ **Zip:** _____

Phone: _____ **E-Mail:** _____

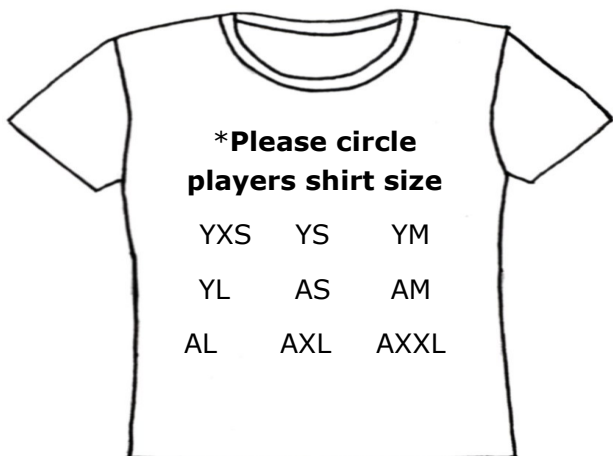
Father: _____ **Phone:** _____ **Text number** _____

Mother: _____ **Phone:** _____ **Text number** _____

Additional Emergency Contact: _____ **Phone:** _____

(In case neither parent can be reached)

Buddy Request/Notes: _____



Are you interested in Volunteering? YES ___ NO ___

Volunteer Name _____

Volunteer Phone # _____

Volunteer Shirt Size _____

Position volunteering for: Head coach Asst. Coach

We are looking for referees—\$10/game. Contact Tom!

The Y provides online training and additional training
_____ materials for first time coaches!

Randolph County YMCA
1521 E. Washington Street
Winchester, IN 47394



Please read carefully before signing

I understand there is an element of risk associated with this program. Relying on the supervision and instruction of those representing the Randolph County YMCA, I hereby accept any and all injuries illness or occurrence resulting from participation in this YMCA program. I further attest that the above participant is physically fit and does not have any prior medical condition that may be aggravated by participating in the above program. I will also have the participants medical condition verified by a licensed medical doctor if deemed necessary.

By signing this form, I agree to pay all fees associated with the program. Date ___/___/___

Parent/Guardian Signature

Photograph Permission: By initialing this release, I give the Y permission to use photographs

Office Use Only

Y Member	\$29	Date Paid	___/___/___
Program Part.	\$44	Cash	_____
Coaches Pay	50%	Check #	_____
Scholarship	_____%	Credit/Debit	_____