

# 2024 Fall Soccer Registration

**Participants:** Co-ed, pre-K to 5th Grade

**Important Dates:**

\*Coach's Meeting— Aug. 20 @ 5:30 pm @ the Y  
Season Starts—Sept. 9

Pee Wee & Kickers games - Monday & Thursday

Strikers games - Tuesday & Thursday

Parents – We need your help as a coach and/or as an assistant coach. Coaches determine days/ time for practices.

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

**Registration Fee:**

Y Members—\$30

Program Participants—\$46

Scholarship Available

**Registration Deadline—Aug. 19**

**Questions?**

Call The Randolph County YMCA at 765.584.9622 or email Tom Byrum at tom.byrum@comcast.net

Pee Wee and Kickers games played on small fields near Randolph Central bus barn (Middle School Road).

Strikers games played at Winchester High School

## 2024 FALL SOCCER REGISTRATION FORM

**Name of Player:** \_\_\_\_\_ **Gender:** M \_\_\_ F \_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_

**Age:** \_\_\_ **Grade:** \_\_\_ **Allergies:** \_\_\_\_\_

**Divisions:** **Pee Wee (pre K-K)** \_\_\_ **Kickers(Gr.1 & 2)** \_\_\_ **Strikers (Gr. 3-5)** \_\_\_

**Address: Street** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Additional Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(In case neither parent can be reached)

**Parents May Order Family Shirts at a cost of \$15 per shirt**

**# of Shirts** \_\_\_\_\_ **Sizes:** \_\_\_\_\_

**Buddy Request/Notes:** \_\_\_\_\_

(There is a limit of one buddy)



We need many coaches to help at each level.

Coach/Asst. Coach YES \_\_\_ NO \_\_\_

Coach's Name \_\_\_\_\_

Coach's Phone # \_\_\_\_\_

Coach's Shirt Size \_\_\_\_\_

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 of myself and/or my family for stories/publications. Initial \_\_\_\_\_

**Office Use Only**

Y Member	\$30	Date Paid ___/___/___
Program Part.	\$46	Cash _____
Coaches Discount	50%	Check # _____
Scholarship	_____%	Credit/Debit _____