

2025 Spring Soccer Registration

Participants: Co-ed, pre-K to 5th grade
Registration Period March 1 thru April 5

*Coach's Meeting— April 7 @ 5:30pm @ the Y
Season May Start the week of April 21

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

Games typically start between 5:00—6:00 pm
Pee Wee games scheduled 40 minutes apart
Kickers/Strikers games scheduled 1 hour apart

Registration Fee:

Y Members—\$30
Program Participants—\$46
Scholarships Available

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%. You must be an active coach to receive discount.

Coaches must pass a background check!

2025 SPRING SOCCER REGISTRATION FORM

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: _____

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)



Are you interested in Coaching? YES ___ NO ___

Coaches Name _____

Coaches Phone # _____

Coaches' Shirt Size _____

Head coach _____ Asst. Coach _____

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

tom.byrum@comcast.net

The Y provides online training and additional training materials for coaches/referees

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 Pay	50%	Check # _____
Scholarship	_____%	Credit/Debit _____