

# 2026 Spring Soccer Registration

**Participants:** Co-ed, pre-K to 5th grade  
**Registration Period March 5 thru April 6**

\*Coach's Meeting— April 7 @ 5:30pm @ the Y  
Season May Start the week of April 20

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—\$32  
Program Participants—\$48  
*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!***

## 2026 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: \_\_\_\_\_

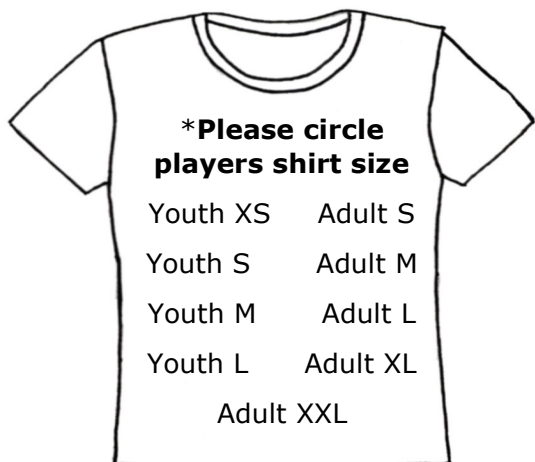
Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**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	\$32	Date Paid ___/___/___
Program Part.	\$48	Cash _____
Coaches Pay	50%	Check # _____
Scholarship	_____%	Credit/Debit _____