

2021 Fall Soccer Registration

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

Important Dates:

*Coach's Meeting— Aug. 26th @ 5:30 pm @ the Y
Season Starts—Sept. 13

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—\$29

Program Participants—\$44

Scholarship Available

Registration Deadline—Aug. 24th

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

2021 FALL 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:** _____

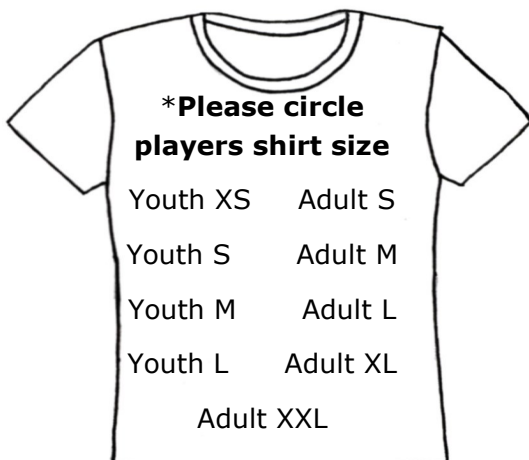
Mother: _____ **Phone:** _____

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

(In case neither parent can be reached)

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 \$29 Date Paid ___/___/___

Program Part. \$44 Cash _____

Coaches Discount 50% Check # _____

Scholarship _____% Credit/Debit _____