



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# THE WENDELL P. CLARK MEMORIAL YMCA YOUTH SOCCER LEAGUE Registration Form

For boys and girls in grades PK-8.

Emphasize fun!!! Skill development, Team play, and Equal participation. League will be separated by grade level. For more information call the YMCA at 978-297-9622 or check us out on line at [www.clarkymca.org](http://www.clarkymca.org)

Register at the YMCA Front Desk

- **League Begins:** September 13th Weekly Evening Practices Games On Weekends
- **Game Days:** Saturdays and Sundays
- **Practices:** 30-60 minutes each week (days vary)
- **Location:** Clark YMCA Soccer Fields
- **Price:** \$50 Members; \$100 Non-Member
- **PK Weekends Only (Ages 3-5)**
- **Registration Deadline** – September 7th (Enrollment is limited and on a first come first serve basis)



Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Soccer Experience (Check one)  Beginner  Some experience  Intermediate # Years Played \_\_\_\_\_

Special Health Needs/Special Requests: \_\_\_\_\_

Shirt Size Required : Youth S M L XL; Adult S M L XL Team played on last season \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home/Cell # ( ) \_\_\_\_\_

Parent / Guardian E-mail Address \_\_\_\_\_ *\*(Required as all correspondence will be through email)*

Emergency Contact \_\_\_\_\_ Phone/Cell # ( ) \_\_\_\_\_

### AGREEMENT

1. I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby authorize the Clark Memorial YMCA to obtain medical treatment for my child in the event that parent(s)/guardian(s) and the emergency contact cannot be reached.

2. I support YMCA Youth Sports Philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

3. I am willing to participate as a volunteer in support of this program as a: (circle one or more)

Coach      Assistant Coach      Official      Other \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_