



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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

For boys and girls AGE 5 - 13

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

Register at the YMCA Front Desk

- **League Begins:** September 12th Weekly Evening Practices Games On Saturdays
- **Game Days:** Saturdays
- **Practices:** 30-60 minutes each week (days vary)
- **Location:** Clark YMCA Soccer Fields
- **Price:** \$50 Members; \$100 Non-Member
- **Registration Deadline** – September 7th



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 _____