



[www.ashlandareaymca.org](http://www.ashlandareaymca.org)

ASHLAND AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION

YOUTH  
SOCCER



**Fall 2010**

\$20 FOR YMCA MEMBERS

\$50 FOR NON-MEMBERS

Saturday's

**\*\*Games Begin September 4<sup>th</sup>\*\***

*Games @  
Central Park*

**ENTRY DEADLINE**

**JULY 31st**

AGES 3 TO 10 (See entry form for age breaks)

Practice sites/times determined by team coach

(Please don't inquire about placement until after August 22nd )

T-shirt to all players and coaches

Emphasis on fun, fitness and fundamentals

Shin pads are required

Soccer approved cleats (No toe cleat)

Complete entry form on back and return to YMCA no later than July 31st

**Ashland Area YMCA Fall Youth Soccer Registration Form**

Please note: No form will be accepted unless completed and signed by parent/guardian One entry form per child. Do not omit birth date or shirt size. You may be asked to present **birth certification**.

**PARENTS MUST CIRCLE CORRECT AGE DIVISION**

Name: \_\_\_\_\_ **4Under** **6Under**  
Address: \_\_\_\_\_ **8Under** **10Under**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Boy  Girl

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ YMCA member  Y  N

Did you play for YMCA in 2009?

T-shirt size: Youth sizes S  M  L   
Adult sizes S  M  L  XL  XXL

All T-shirt re-orders are \$10. If not sure of size, pick a larger size.

**COACH:**

Volunteer coaches are needed. Teams cannot be formed without coaches. All attempts will be made to pair you with another coach. If you check the following you will be assigned a team. Do not sign someone else up to coach without their knowledge or permission.

Yes, I will be a coach. Your name: \_\_\_\_\_

Yes, I will coach but *not* by myself!

E-mail address: \_\_\_\_\_

Your shirt size: S  M  L  XL  XXL

**PREFERENCES:**

My child would like to be on a team with \_\_\_\_\_ (No guarantees)  
Player or Coach's name

My child wishes to play with children from \_\_\_\_\_ school district.

**OTHER:**

Please describe any physical/mental limitation you wish for the coach to be aware:

**RELEASE:**

I release the Ashland Area YMCA, it's staff, coaches, referees, and the City of Ashland for any injury that may occur to my child while participating in the Ashland Area YMCA Fall Youth Soccer program. I understand that all photos taken during this program may be used for advertising and publicity for the Ashland Area YMCA. I have read and understand every item on this form. I have checked all the boxes including my child's shirt size and birthdate.

Signature of parent or legal guardian: \_\_\_\_\_