



www.ashlandareaymca.org

ASHLAND AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION



YOUTH SOCCER

SPRING 2012

\$20.00 Members

\$50.00 Non-Members

Saturday's: 4U, 6U, 8U, and 10U

Games Begin April 14th



Games @
Central Park

ENTRY DEADLINE
MARCH 4th

\$10.00 Late Registration fee after March 4th if roster space available

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

Practice sites/times determined by team coach

Players contacted after April 1st

(Please don't inquire about placement until after April 1st)

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 March 4th.

Ashland Area YMCA Spring 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 please circle the correct age division.

PLAYER:

AGE DIVISIONS

Name: _____

4-under

Address: _____

6-under

8-under

10-under

City: _____ State: _____ Zip: _____

School: _____ Boy Girl

BIRTHDATE: ____/____/____

Phone: _____ YMCA member Y N

Did you play for YMCA in 2011?

T-shirt size: Youth sizes S M L

Adult sizes S M L XL XXL

All T-shirt re-orders are \$10 YMCA. 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. You may pick up your coach's packet on March 30th.

Yes, I will be a coach. Your name: _____

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

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 and referees, and the city of Ashland for any injury that may occur to my child while participating in the Ashland Area YMCA Spring 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: _____