



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Kraft Family YMCA Spring 2012 Soccer Season

Program Fees

____ Member – Kraft / Triangle Member: \$78.00

____ Program Participant: \$94.00

After Jan. 15, there will be an additional \$20 late registration fee. The deadline for registration is Feb. 24, based on league availability. Register early, leagues fill quickly.

What league am I registering for? Check one

____ U5 Born between 8/1/06 – 7/31/07

____ U6 Born between 8/1/05 – 7/31/06

____ U7 Born between 8/1/04 – 7/31/05

____ U8 Born between 8/1/03 – 7/31/04

____ U9/U10 Girls Born – between 8/1/01 – 7/31/03

____ U9/U10 Coed – Born between 8/1/01 – 7/31/03

____ U11/U12 Girls – Born between 8/1/99 – 7/31/01

____ U11/U12 Coed – Born between 8/1/99 – 7/31/01

____ U13/U14/U15 Coed – Born between 8/1/96 – 7/31/99

____ U13/U14/U15 Girls – Born between 8/1/96 – 7/31/99

Played in Fall '11 league–Yes No Team: _____

Do you have a Player/Coach request?

Each participant is limited to **one personal request**. Requests may be honored but are **not guaranteed**.

Practice Nights

For U6 and above, list **only one night** that your child is **not available** _____

Players Jersey size (front desk has sample sizes)

If playing on same fall team, then player will not receive new jersey (**unless note YES to the right**): _____

Shirt: YXS YS YM YL AS AM AL AXL AXXL Circle One
Samples of actual size may be seen at front desk

Child's Assessment

Height _____ Weight _____

Number of years playing **organized** soccer? _____

Rate your child's running ability:

Above Avg. Average Below avg.

Rate your child's soccer playing ability:

Above Avg. Average Below avg.

Registrations must be returned in person to the Kraft Family YMCA, 8921 Holly Springs Road, Apex. 657-9622

Volunteer Opportunities

Head Coach? Yes No Maybe

Assistant Coach? Yes No Maybe

Name/email of interested parent _____

Being a team sponsor? Yes No Maybe

Name/email of interested parent _____

Being a Team Parent? Yes No Maybe

Name/email of interested parent _____

Participation Agreement

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons and parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property.

Sportsmanship

I understand that this YMCA Sports program is an instructional and fun league representing positive values and good sportsmanship. I will support the YMCA goals, as well as the coaches, referees, and staff in teaching these values.

Photography

I permit the YMCA to use pictures of me as a program participant in promotional literature, promotional videos, and the YMCA website, which are published and used by the YMCA. I understand that my child's name is not published.

Accident Insurance

Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.

Cancellation Policy

A cancellation form must be filled out at the front desk of the Kraft Family YMCA two weeks prior to the session start date in order for a refund to be issued. **There is a \$15.00 non-refundable registration fee. Non-attendance does not entitle you to a refund.** This includes failure to attend due to illness, vacation, or inclement weather. Refunds are not granted after the program has occurred. Refunds are processed at the end of the month. Program fees are not transferable from one participant to another, from one program to another, or from one YMCA to another.

Payer Signature

Date _____

Youth Sports Registration Form

Participant ID # _____ Participant Full Name _____ (required)
First MI Last

Name on trophy _____ (default will be above if nothing is noted here)

Address (if different from Payer) _____ City _____ State _____ Zip _____

DOB ____/____/____ Female Male

Program: _____ Age _____ Grade _____ (if applicable)

Payer ID # _____ Payer Name _____ Female Male

Address _____ City _____ State _____ Zip _____

Contact Information

Father Name _____ Home _____ Cell _____

Mother Name _____ Home _____ Cell _____

Contact Email _____ **this email address will be used by coaches and team parents.**
Providing email address authorizes the use of email for program information.

Emergency Contacts or Program Pick Up Names

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Special Needs (Medical Needs/Medications/Concerns)

Staff Initials: _____ Date Received: _____