

Program Fees

\$40 members

\$80 program members

M.E. Lyons YMCA



We build strong kids, strong families, strong communities.

Program Dates

Mar. 6, 2010 – April 10, 2010

Registration Dates

Members: Jan. 25th – Feb. 19th

Non-Mem: Jan. 29th –Feb. 19th

Registration Form 2010: Youth Indoor Soccer

Age Group/Day/Time: (please circle one)

Practices will be 30 min. followed by a 30 min. game.

All practices and games will be scheduled on Saturdays between the hours of 2:30pm – 8:30pm.

3 & 4 Yr. Olds

5 & 6 Yr. Olds

7 & 8 Yr. Olds

9, 10, & 11 Yr. Olds

Name of Player: _____ YMCA Member: Y N

Gender: M F D.O.B: _____ / _____ / _____ Age: _____ (as of 1/19/2009)

Grade: _____ School: _____

Shirt Size: YS YM YL AS AM AL AXL

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ E-Mail: _____

Parents Names: _____ DOB _____ (Used for Identification Purposes)

Special Requests (including team placement): _____

PLEASE NOTE:

- Registration is on a first come, first serve basis.
- Coaches will be placed on the same team as their child.
- Team assignments are subject to change.
- Communication will be done via e-mail. **Please provide a current e-mail address.**

AGREEMENT

1. I hereby certify that my child is in good health and capable of safe participation in M.E. Lyons YMCA Youth Sports Programs. By signing this release of my free will, I give my permission to The YMCA of Greater Cincinnati to use photographs, film footage, audio or video tape recordings, which may include my families image or voice for purpose of promoting or interpreting YMCA programs and services to the general public. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize M.E. Lyons YMCA to obtain medical treatment for my child in the event that parents cannot be reached.
2. I support the M.E. Lyons YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, sportsmanship, and volunteer leadership.
3. **I understand that payments are non refundable and non transferable.**

I am would like to participate as a volunteer in support of this program as a:

Coach Assistant Coach

Shirt Size: AS, AM, AL, AXL, AXXL

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date