

# YMCA of Harrison County Youth Soccer

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## Fall 2010

The YMCA of Harrison County seeks to encourage and empower individuals, to reinforce Christian values & bring the community together.

### **NEW this year**

Get up-to-date text alerts from the YMCA of Harrison County concerning rain-outs and schedule changes for NO extra charge.

**It's easy**

**REC Soccer** U5, U6, U8, & U10 are non-traveling co-ed teams.

All games are played at YMCA's Keller soccer complex, beginning August 28th.

REC U5 - U10 all games on Saturdays with the exception of make-up games

— YMCA Members—\$55, 2nd child \$45 (every child thereafter \$35)

— Non-members—\$70, 2nd child \$60 (every child thereafter \$50)

Fees include reversible player shirt, socks and team participation award.

**REC PLUS** U12-U15 will be playing in travel leagues against clubs in Southern Indiana as well as the greater Louisville area.

These teams may be co-ed depending on the registered numbers of players.

— YMCA Members—\$60, 2nd child \$50 (every child thereafter \$40)

— Non-members—\$75, 2nd child \$65, (every child thereafter \$55)

Fees include reversible player shirt, socks, and IYSA registration.

**Coaches'** meeting will be held on Friday, August 6th, 2010, at 6:00 P.M.

**Parents:** You should know what team your child is on by Monday August 16th.

If you haven't heard anything from your coach by Monday August 16th,  
please contact Walter or Kyle at 734-0770.

## YMCA of Harrison County Soccer Registration Fall 2010

Player's Name _____		Age _____
Address _____		Gender    M    or    F
City _____	State _____	Zip _____      Date of Birth _____
Please list health concerns _____ _____		
.....		
Parent or Guardian: _____		Home # _____
Cell # _____	E-mail _____	
.....		
<u>Volunteers Needed</u>	I am interested in volunteering as a Coach _____	Asst. Coach _____
<u>Sponsor's Needed</u> I would like to sponsor in the following capacity:		
Field Sponsor \$150.00 _____	OR Concession Sponsor \$200.00 _____	Contact Walter or Robin for more information...
.....		
Emergency Contact 1: _____		Phone # _____
Emergency Contact 2: _____		Phone # _____
.....		
Number of Seasons Played _____		<b>2010/2011 Age Chart (fill in box)</b>
Sibling in Same Age Group -    YES    NO		U15 Born between Aug 95 and July 98 — <input type="checkbox"/>
Sibling's Name _____		U12 Born between Aug 98 and July 00 — <input type="checkbox"/>
Additional Sibs: _____		U10 Born between Aug 00 and July 02 — <input type="checkbox"/>
<u>Please Circle Shirt /Sock Size</u>		U8 Born between Aug 02 and July 04 — <input type="checkbox"/>
Shirt Sizes    YS 6-8      YM 10-12      YL 14-16		U6 Born between Aug 04 and July 05 — <input type="checkbox"/>
AS            AM            AL            A-XL		U5 Born between Aug 05 and July 06 — <input type="checkbox"/>
Sock Size    Junior      Youth      Adult		

**Liability/Injury:** In consideration for being allowed to participate at the YMCA of Harrison County, and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, trustees, agents, employees, representatives, successors, assigns, and affiliates for death, injury loss, and any and all damages that I may sustain and/or suffer in connection with my participation. I also agree to indemnify the YMCA of Harrison County for any defense, cost, or expense arising out of any claim of damages, injury or death arising from my participation in this program. I am physically fit, legally competent, and freely participate in this activity at my own risk. I hereby authorize and give consent to the staff of the YMCA of Harrison County to obtain and provide medical treatment and services as deemed necessary.

The YMCA of Harrison County reserves the right to, at any time, check it's membership and class rolls against a listing of registered sex offenders. Any member or class participant that appears on the registered sex offender list shall have their membership terminated and class participants will be removed from class immediately by the YMCA of Harrison County. Membership may also be terminated at the sole discretion of the YMCA or any of its authorized agents for failure of any member or class participant to live up to the standards and commitments of being a member/class participant of the YMCA of Harrison County.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICIAL USE ONLY**

Date \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Cash / Credit / Check # \_\_\_\_\_ Daxko Unit # \_\_\_\_\_ Staff Int \_\_\_\_\_