

2017 Hoerner YMCA Soccer Registration Form



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Grades	7th-8th Grade
Registration Starts	February 1st \$25 Members \$35 Non-Members
Registration Ends	March 20th (No Late Registrations Will Be Accepted)
Practice Starts	March 22nd
Games Start	April 2nd
Games End	May 7th (Double Elimination Tournament)

Child's Name _____ Birthdate _____ Grade _____ Age _____ Boy Girl

Address _____ City _____ Zip _____

T-Shirt Size Youth Small Youth Med Youth Large Adult Small Adult Size _____

Parent 1 Name _____

Primary Phone _____ Cell _____ Work _____

Parent 2 Name _____ Cell _____ Work _____

Emergency Contact _____ Phone _____

EMAIL ADDRESS: _____ **Required for all contact.**

I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen.

Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.

I understand that the program fee **must be paid with the registration form and is non-refundable** if the participant listed above is unable to attend. I am also aware of the refund policy stated forth by the YMCA. Refunds will only be issued with a certified medical excuse and will be subject to a \$5 processing fee.

I give my consent for full participation in the sport program for which the participant above is registered. I accept the risk incidental to this activity and do hereby release the Hoerner YMCA, its employees, volunteers, directors, members, and guest of any liability or negligence resulting from an accident or injury incurred while participating in this activity.

Parent/Guardian Signature: _____ Date: _____

Practices: The head coach will contact the parents about practice times and locations.

Games: All games will be held on Sundays TBA.

Contact: Trevor Galbreath/Caleb Verdugt, Sports Director – hoernerymca@gmail.com

ALL REGISTRATION FORMS MUST BE RETURNED TO: 2126 Plank Rd,

Keokuk, IA 52632 319-524-6724

This program is not affiliated with the Keokuk Community School District. Please direct all inquiries to the Hoerner YMCA at 319-524-6724.



Volunteer Head Coach (50% off single registration)

Phone: _____

Email: _____

I want to help kids participate!

Please accept my tax deductible donation to the scholarship fund or team sponsorship: \$ _____

____ Team Sponsor-\$250 ____ League Sponsor-\$2500