

YOUTH SOCCER REGISTRATION

PLEASE COMPLETE

BIRTHDAY: _____ AGE: _____

PARTICIPANT'S NAME: _____ SEX: MALE _____ FEMALE _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE #: _____ *SCHOOL: _____ GRADE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

BUSINESS PHONE #: _____ BUSINESS PHONE #: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

HOME PHONE #: _____ BUSINESS PHONE #: _____

EMAIL: _____

CIRCLE DAYS OF WEEK AVAILABLE FOR PRACTICE				
MON	TUE	WED	THU	FRI

PARENTS: We really need adults to serve in several key areas. Please write your name down and indicate where you will be able to assist. Thank you in advance for making this Soccer League success.

NAME: _____ **COACH** _____ **TEAM PARENT** _____

I hereby certify that _____ is in normal health and capable of participating in the YMCA Youth Soccer League.

The YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries, or accidents will be the responsibility of the participant.

In case of sickness or accident, the Santa Barbara Family YMCA has my authorization to secure such medical attention as deemed necessary, at my expense, if unable to communicate with me immediately.

Signature: _____ Date: _____

SPECIAL REQUESTS
(All requests must be reciprocal and we can only try to grant requests)

PLEASE INDICATE YOUR CHILD'S EXPERIENCE LEVEL AND SEASONS PLAYED

BEGINNER **INTERMEDIATE** **ADVANCED** **SEASONS PLAYED:** _____

For Front Desk Staff Use Only:

Date	Receipt	Total Paid	Initials
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