

Soccer Registration Form

Richard G. Snyder YMCA Campus (Ages: 3yrs – 13yrs)

Child's Name:	Age: Date of Bir	th:/
Parent/Guardian name(s):		
Address:	City:	Zip:
Cell Phone: Secondary Ph	none:	
E-mail:*YMCA uses email for communication*	Experience in Soccer	
Medical Conditions or Allergies:		
Soccer Information: 3-5 year olds - only practice on Saturdays 6-7/8-10/11-13 year olds - one practice during the week and play games on Saturdays. Requirements: Cleats and Shin Guards. Jerseys are \$20 when registering	Youth member: \$	60
*Please remember, we need volunteers to make these solunteers to make these solutions are solved by the solution of the solutions of the solutio		
Phone number:		
Email address:		
Preferred night/time to coach:		
Volunteers must have their <u>criminal background and child at</u> **Please make sure <u>BOTH</u> email and phone number are correc	buse clearances, email me if you d	lon't have them and need the links
Waiver: In acceptance of this registration form, I hereby releasinvolved in this league from any and all contentions or claims of participation in this league. Also, I give permission for photogra G. Snyder YMCA for educational purposes. Such pictures may media, newspaper articles, and television programs.	f damages or injuries suffered by maphs of the persons listed above to	ne or my child as a result of my child's be published on behalf of the Richard
Signature of Parent/Guardian:		
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For questions, contact: Brooke Williams (Program Director) (724) 545-9622 / bwilliams@rgsymca.org



