the by Fall 2025 Soccer F Registration: July Richard G. Snyde (Ages: 3yr	14 th to Aug	ust 9 th
Child's Name:	Age:	Date of Birth: /
Parent/Guardian name(s):	/	
Address:Ci	ity:	Zip:
Cell Phone: Secondary P *Coach uses phone for communication*	hone:	
E-mail: *YMCA uses email for communication* Medical Conditions or Allergies:		
 Soccer Information: Season: September 1st to October 11th 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 Age: -Age group placement is based off what age the child will be **September 1st** -No child is allowed to play down in an age group 	Fees: Hou You Nor	usehold/Single Parent Household: No Cost ath member: \$25 n-member: \$65 nents: Cleats and Shin Guards. Jerseys are \$20 when registering (you can use one you have from previous years)
Volunteers Section: *Please remember, we need volunteers to make these spor Interested in coaching: Yes No	rts leagues hap	ppen*

If Yes: Name:

Phone number:

Email address:_____

Preferred night/time to coach:

Volunteers must have their criminal background and child abuse clearances, email me if you don't have them and need the links **Please make sure <u>BOTH</u> email and phone number are correct, both are used to communicate**

Waiver: In acceptance of this registration form, I hereby release the Richard G. Snyder YMCA Campus and any of its representatives involved in this league from any and all contentions or claims of damages or injuries suffered by me or my child as a result of my child's participation in this league. Also, I give permission for photographs of the persons listed above to be published on behalf of the Richard G. Snyder YMCA for educational purposes. Such pictures may be used in flyers, brochures, presentations, the YMCA website, social media, newspaper articles, and television programs.

Signature of Parent/Guardian: ____



For questions, contact: Brooke Williams (Program Director) (724) 545-9622 / bwilliams@rgsymca.org



