

Central Family YMCA



Youth Soccer Developmental League

Soccer is one of the most popular sports in the world. With children and adults of all ages playing the sport from dusk till dawn. The Central Family YMCA is starting a youth soccer developmental league this summer. This league, designed for ages 3–7 years old will allow your child a chance to learn the World's game in a fun and relaxed atmosphere. Broken down into two age groups (3–4 and 5–7 year olds), this program will allow your child to improve their soccer skills.

Each week will feature a different skill that will be taught to the children. The children, with the help of volunteers will then be broken up into groups and be allowed to practice the skill. This program is a great opportunity to let your child experience the game of soccer for the first time, without any pressure of playing on a team.

Taught by soccer experts and YMCA staff, this program will allow your child to slowly progress through the basic soccer skills and develop good habits on the field and in life. It is a great opportunity to expose your child to sports in a relaxed atmosphere. Do not miss out on the opportunity to participate in the fastest growing sport at the Central Family YMCA.

Program Information

Costs: \$45 for members, \$65 for non-members

Registration: May 5th–June 1st

Late Registration – June 2nd–June 9th (\$10 late fee after June 1st)

Program Dates – June 10th, June 17th, June 24th, July 1st, July 8th, July 15th

Age Groups: 3–4 years old, 5–7 years old

Practice Dates: Tuesdays – 5:30–6:30pm (Ages 3–4 years old);
6:30–7:30pm (Ages 5–7 years old)

Coaching Information

Parents interested in being skill volunteers, please contact the Sports Director at 721–2100, ext. 2080 or e-mail at j.Zendel@ymcanwnc.org. There will be a skill volunteers meeting on June 3rd from 5:30pm to 7:00pm in the West End Room.

All checks must be made out to the Central Family YMCA. To further inquire about the program please contact the Sports Director, Joel Zendel at 721–2100 , ext. 2080 or email at j.zendel@ymcanwnc.org. Financial Assistance is available thru our Open Doors Policy.

Our Mission: Helping people reach their God-given potential in spirit, mind and body.

**YMCA of Northwest North Carolina
Central Family YMCA Branch
Registration for 2008 Summer Soccer Developmental League
(Please Print)**

PLAYER _____
Last First Nickname

AGE: _____ BIRTH DATE: ____/____/____ Male _____ Female _____ Height: _____ Weight: _____

SPORT: _____ # Years Participated in this Sport: _____ Member: _____ Non-member: _____

SHIRT SIZE: Youth: _____ Sm (6-8) _____ Med (10-12) _____ Lg (14-16)

SCHOOL CHILD ATTENDS: _____ GRADE: _____

Special Needs/Comments/ *ways you CANNOT PRACTICE:* _____

ADDRESS: _____
Street City Zipcode

Mother/Guardian: _____ H) _____ W) _____ Cell/Pager _____

Father/Guardian: _____ H) _____ W) _____ Cell/Pager _____

PRIMARY E-MAIL ADDRESS: _____

Emergency Contact: _____ H) _____ W) _____

Request for Permission: I, the above referenced youth athlete's parent/guardian, hereby register my child to participate in the above listed sport.
Assumption of Risk of Injury: I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a Branch volunteer youth coach. I agree to follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that neither the volunteer youth coach nor the Branch can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in youth athletics.

Release: In consideration of the Central Family YMCA allowing my child to participate in youth athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Central Family YMCA, the YMCA of Northwest North Carolina, Inc. and their respective volunteer youth coaches, officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA athletics, activities, field trips or the above-described sports activities; and do hereby expressly assume the risk of injury associated with participation in said sports activities.

Photographs. Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child. **Parent Initials:** _____

Transportation: Parents are responsible for providing transportation for their child to and from practice sessions and games.

Certification of Child's Fitness and Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically able to safely participate in the sports activity for which he or she has been registered.

In addition, I understand that in the case of the illness or injury of my child the Branch will try to notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including, but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Name of insurance company: _____ **Insurance Policy Number:** _____

If your child has any allergies, asthmatic conditions or the like which the Branch should be aware, please list: _____

IN WITNESS WHEREOF, I have executed this Permission, Waiver/Release and Medical Certification for with full knowledge of its contents on this the _____ of _____, 20_____.

Parent/Guardian Signature _____ Print Parent/Guardian Name _____

Please Note: If you are willing to participate as a volunteer in support of this program, please check one (1) or more of the following:

Coach Assistant Coach Referee Character Development Leader

For Office Use Only:

Date Registered: ____/____/____ Registered By: _____ Amount: _____