



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INSPIRE EDUCATE MOTIVATE

Fall Youth Soccer

Youth will enjoy learning the basic skills, teamwork and character development. Please see Member Services or visit www.ymcashr.org for more information. All players in "Micron" and "Sidekicks" divisions will play 8 games, beginning September 17, with practices beginning August 29. "Little Kickers" will begin September 17. Season ends November 5.

Ages 3–4 "Little Kickers"

Introduction to skills and practice division only; practice and scrimmage on Saturdays only.

Members	\$30
Prospective Members	\$50

Ages 4–5 "Microns"

Small group weekday practice with Saturday game play.

Members	\$40
Prospective Members	\$60

Ages 6–7 "Sidekicks"

Modified team play, weekday practice and Saturday games.

Members	\$40
Prospective Members	\$60



OUTER BANKS FAMILY YMCA

3000 South Croatan Highway, Nags Head, NC 27959
P 252 449 8897 W www.ymcashr.org

YMCA YOUTH SPORTS REGISTRATION FORM

FALL SOCCER 2011

Child's Name: Age: DOB:

Parent's Name(s): Email:

Street Address: City: Zip:

Home Phone: Cell phone: Work:

Any Medical Considerations (of child):

Emergency Contact: Cell phone:

Other people authorized to pick up child:

WAIVER

I am an adult over 18 years of age and wish to participate in, or have my child / children participate in the YMCA of South Hampton Roads program. IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including, but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my children permission to participate in the YMCA of South Hampton Roads activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive, and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of South Hampton Roads, its staff, directors, members and guests. I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event the parent(s) and the emergency contact cannot be reached. I support YMCA Youth Sports philosophy which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

I am willing to participate as a volunteer in support of this program as a: (circle one or more.)

Coach Assistant Coach Official Other

I have read, understand, and am voluntarily signing this authorization and release.

Signature of parent or guardian: Date: