the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SANTA MARIA VALLEY

Youth Arena Soccer
FALL 2018

Fall 2018	
Ages	3-5 yr. olds 6-9 yr. olds
Season	October 6, 2018 – December 1, 2018
Registration Deadline	Sunday, September 16, 2018 All games are held on Saturday. Game times are dependent on the number of teams formed. Games can start as early as 9:00 am with the youngest division playing first.
Registration Fees	$65 YMCA Member $85 Participants *** *Scholarships Available* **Includes an 8-week season, team jersey, and league administration. All fees are NON-REFUNDABLE. $25 processing fee on all negotiable refunds and returned checks.*
Required Equipment	All players *MUST* wear shin guards. Choice of indoor shoes, tennis shoes, or cleats.
Practices	To be determined by the coaches. 1 practice per week for approximately 1 hour. You must be available to practice one time throughout the week; Monday-Friday, 4-6 pm. ****Special practice time requests are NOT guaranteed.*
Team Formation	Teams will be assigned September 21, 2018 and you will be contacted by the coach regarding your first practice after the coaches meeting *September 24, 2018.* After teams have been formed there will be **NO CHANGES MADE**.
Coaches Needed!	**$15 off your child's registration** (plus the YMCA picks up a $5.00 background check fee) if you volunteer to be a coach! (Limit one discount per player and team.) A coach's basic function is to organize the team. **Mandatory Coaches Meeting Monday, September 24, 2018 @ 6pm at the YMCA.** Team rosters, practice schedules, and game schedules will be handed out.

CHILD 1

First Name	Last Name	Date of Birth	Age	Gender

T-Shirt Size

☐ Extra Small (2-4) ☐ Small (6-8) ☐ Medium (10-12) ☐ Large (14-16) ☐ Other ___

You may choose a preferred coach or request to play with a buddy for $10 (please check one box below) *Special Request Policy: We will consider 1 special request per player. Requests must be in the same age group. Requests are not guaranteed! Siblings will be placed on the same team at no additional cost. (Must pay in full, scholarship not applied to this amount.*

☐ Coach Preference ☐ Play with a buddy ☐ Play with sibling

Please provide first and last name of your buddy or coach:

CHILD 2

First Name	Last Names	Date of Birth	Age	Gender

T-Shirt Size

☐ Extra Small (2-4) ☐ Small (6-8) ☐ Medium (10-12) ☐ Large (14-16) ☐ Other ___

You may choose a preferred coach or request to play with a buddy for $10 (please check one box below) *Special Request Policy: We will consider 1 special request per player. Requests must be in the same age group. Requests are not guaranteed! Siblings will be placed on the same team at no additional cost. (Must pay in full, scholarship not applied to this amount.*

☐ Coach Preference ☐ Play with a buddy ☐ Play with sibling

Please provide first and last name of your buddy or coach:

CHILD 3

First Name	Last Name	Date of Birth	Age	Gender

T-Shirt Size

☐ Extra Small (2-4) ☐ Small (6-8) ☐ Medium (10-12) ☐ Large (14-16) ☐ Other ___

You may choose a preferred coach or request to play with a buddy for $10 (please check one box below) *Special Request Policy: We will consider 1 special request per player. Requests must be in the same age group. Requests are not guaranteed! Siblings will be placed on the same team at no additional cost. (Must pay in full, scholarship not applied to this amount.)*

☐ Coach Preference ☐ Play with a buddy ☐ Play with sibling

Please provide first and last name of your buddy or coach:

CONTACT INFORMATION

Address	Apt	City	State	Zip

Mothers Name/Guardian	Coach? ☐ Yes ☐ No	Fathers Name/Guardian	Coach? ☐ Yes ☐ No

Mother/Guardian Cell	Father/Guardian Cell	Email	Ethnicity
			☐Latino/a ☐White/Euro-American ☐Asian/Pacific Islander ☐Black/African American ☐American Indian ☐Other_____

Santa Maria Valley YMCA Release/ Waiver of Liability

I, the undersigned parent/person having legal custody of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities for this program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the program. I will not hold the YMCA liable for any injuries incurred during the program whether caused by equipment or the acts or omissions of others including YMCA personnel. I further agree and specifically intend to waive as to the YMCA and staff, officers and directors thereof any claim known or unknown to me. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to the minor to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by any physician and/or surgeon whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs for medical care. If I participate in the program, whether as a coach, instructor, aide, spectator, or participant, I presently waive as to the YMCA and staff, officers, and directors thereof, any claim presently known or unknown damage to property or personal injury whether caused by equipment or the acts or omissions of others including YMCA personnel. I give permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs including YMCA personnel.

Parent/Legal Guardian Signature	Date

I WANT TO HELP KIDS PARTICIPATE

Please accept my tax deductible donation to the YMCA Scholarship Fund to ensure all kids in our community can participate, regardless of financial circumstances.

☐ $5 ☐ $10 ☐ $25 ☐ Other _____

OFFICE USE ONLY:
Receipt #_____ Staff Initials _____