



YOUTH FALL SOCCER 2017 Registration

Missing information or illegible information will delay your registration.



*****Fee: \$17.00/Members \$75.00/Non-Members**
REGISTRATION DEADLINE: Wednesday, August 23rd

(Please Print Legibly!!)

Applicant's Name: _____ Grade: _____

HOME# : (____) _____ DATE OF BIRTH: _____ AGE: _____ SEX: _____

PARENT NAMES: _____ & _____ BUS. PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

E-MAIL ADDRESS: _____ YMCA Member? YES NO

Please check ONE program below

Pre- K Coed ___ Kindergarten -1st Grade Coed ___ 2nd-3rd Grade Coed ___
4th-5th Grade Coed ___ 6th-8th Grade Coed ___

***Optional – You may list three (3) possible team members or a coach preference.

YOUR CHILD'S PLACEMENT IS NOT GUARANTEED ACCORDING TO PREFERENCE. NO REFUNDS WILL BE GIVEN BECAUSE OF PLACEMENT ON A PARTICULAR TEAM AND/OR COACH!!!

1. _____ 2. _____ 3. _____

***UNIFORM SIZE Please place ONE (1) check by the appropriate uniform size for your child. No split sizes will be ordered.

YOUTH YS (6-8) _____ YM(10-12) _____ YL(14-16) _____
ADULT AS _____ AM _____ AL _____

Would you like to purchase a Y T-shirt to match your child's team colors for an Extra fee of \$10? Yes ___ No ___

AS ___ AM ___ AL ___ AXL ___ AXXL ___

Does applicant require any special accommodations or assistance for enjoyment and participant of this program?
If yes, please explain below: (PLEASE NOTE: REFUNDS WILL NOT BE GIVEN BECAUSE OF A CONFLICT WITH A PRACTICE TIME!)

Would you like to donate \$1 towards our Annual Strong Kids Campaign Yes: ___ No: ___

Would you be interested in being a Volunteer Coach: Yes: ___ No: ___ Name _____

COACH'S preferred practice _____ Time _____

Make Checks Payable to:
Adair County Family YMCA
1708 S Jamison
Kirksville, MO 63501

For office use only
___cash ___check ___credit Staff initials _____ Date _____ Receipt# _____ Release Form? ___