the YMCA

FALL SOCCER

REGISTRATION OPEN
JULY 27–AUGUST 22

Late Registration: Aug 23–26
(Add $25)

AGES: 3-12

MEMBERS: $60
COMMUNITY: $75

SCAN ME!

For more information, contact Tino Mendoza at fmendoza@ymcagoldencrescent.org or 361-551-2562

CALHOUN COUNTY YMCA
713 HWY 35 S, PORT LAVACA, TX 77979

YOUTH SPORTS REGISTRATION

Calhoun County YMCA

Fall Soccer (ages 3-12)

Registration: July 27—August 22 (Late Registration: August 23-26)
Members $60/Community Participants $75 (Late Fee: $25)

Is your child a current Calhoun County YMCA member? ☐Yes ☐No

Player's Full Name:_____

Address:_____City/State_____

Gender: ☐Male ☐Female DOB:_____Age:_____Grade:_____Height:_____

Parent/Guardian Full Name:_____DOB:_____

Primary Phone #:_____Secondary Phone #:_____

E-mail Address:_____

- ☐ **I would like to volunteer as a Head Coach**
- ☐ **I would like to volunteer as an Assistant Coach**

TEAM REQUESTS* (limited to siblings only):

I would like my child to play on same team as _____(name of sibling)
***Team Requests are not guaranteed**

Financial Assistance - Y activities are designed to benefit persons from all backgrounds, and fees are based on the cost of providing each program. Limited Financial assistance is available.

- Participants must abide by the Calhoun County YMCA code of conduct. The YMCA has the right to eliminate a player and or team for misconduct.
- Registration may close once teams are full.

I will be responsible for my child's medical costs due to accident or illness. I will hold the YMCA of the Golden Crescent and its directors, officers, employees, volunteers and other agents harmless for incidents which may arise from participation in the YMCA programs and activities, realizing that there are risks in these activities. I give permission for photographs to be made of my child(ren) to be used solely for publicity and training purposes by the YMCA of the Golden Crescent.

I understand all refund requests must be made in writing and will only be considered before the first game. There will be a $20 processing fee on all refunds. Once practice begins only 50% refund will be given if eligible. Once games begin no refunds are given.

Parent/Guardian's Signature **Date**

YMCA Staff Use Only: Amount Paid:_____ Date Paid:_____Staff Initial:_____