

JOIN YMCA YOUTH SOCCER

SPRING 2022

**Preseason Registration Ends
February 28, 2022**

Applications received after this will be considered LATE and charged an extra \$10.00 late fee if there is availability.

Coaches will contact players no later than April 1st regarding practice times for the following week. First game will be held on April 9th.

Contact **DuRon Jackson** at Djackson@huntingtonymca.org
or **Ted Ferrell** at teferrell@huntingtonymca.org

All age groups are coed. This is a recreational league: playing time is mandatory (two quarters) except for disciplinary actions (yellow or red cards.)

Y MEMBERSHIP RATE ELIGIBILITY

**Child must be a
member of either:**

Y Family Membership
935 10th Avenue
304.525.8127

OR

Youth Facility
Membership
917 9th Street
304.697.7113

Youth Facility Membership
costs \$48.00 annually.

For More Information:

304.697.7113 | huntingtonymca.org

ANSWERS TO COMMON QUESTIONS

Jersey and matching socks will be provided by the Y for game matches.

All practices at the Kennedy Center

Parents must provide: soccer ball, shinguards (must be worn)

Ball sizes

Size 3 for U-8 and younger

Size 4 for U-9 through U-11

Size 5 for U-12 and up

Cleats are optional: (tennis shoes are fine) - this is especially true in the younger ages where planting the foot and making sharp cuts is uncommon. Practice shorts can be whatever you own. Players will also need practice clothing. Visit the concession stand "swap sections" for cleats, shinguards, goalie gloves, balls that have been outgrown or donated.

Requests: (We will do our best to work with you on getting your child a practice night when they are available to practice). There is not much flexibility about being with friends. We will work on transportation but not guarantee.

Misc: Jewelry may not be worn during games or practice (including newly pierced ears). Shinguards **MUST** be worn. **CASTS** are **NOT** permitted. **DOGS** are not permitted.



YMCA of Huntington



Y YOUTH SOCCER APPLICATION

Registration Ends: February 28, 2022

Please complete all information. Incomplete forms will not be processed.

DATE _____ / _____ / _____
LAST NAME _____

FIRST _____

PLAYER INFORMATION

PLEASE PRINT CLEARLY

MEMBER NO. _____ DATE OF BIRTH _____ SEX: MALE FEMALE
 LAST NAME _____ FIRST NAME _____ M.I. _____
 PARENT/ GUARDIAN NAME(S) _____
 STREET ADDRESS _____ APT. NO. _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE (____) _____ MOBILE (____) _____ EMAIL _____

MEDICAL/ EMERGENCY INFORMATION

IMPORTANT: LIST ANY MEDICAL PROBLEMS OR LIMITATIONS: _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

NAME _____ RELATIONSHIP TO CHILD _____ PHONE (____) _____

AGE GROUP CATEGORY

PLEASE CHECK YOUR CHILD'S AGE GROUP BELOW: Where your child's birth date falls in between the dates below, they will be placed within that age group.

CO-ED	MEMBER FEE	NON-MEMBER FEE	<input type="checkbox"/> IS THERE AN EVENING YOUR CHILD(REN) CANNOT PRACTICE? If so, please list the date(s) below (Limited Two Only):
<input type="checkbox"/> U-4 01/01/18 - 12/31/18	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75	_____
<input type="checkbox"/> U-5 01/01/17 - 12/31/17	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75	
<input type="checkbox"/> U-6 01/01/16 - 12/31/16	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75	
<input type="checkbox"/> U-7 01/01/15 - 12/31/15	<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	
<input type="checkbox"/> U-8 01/01/14 - 12/31/14	<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	
<input type="checkbox"/> U-9 01/01/13 - 12/31/13	<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	
<input type="checkbox"/> U-10 01/01/12 - 12/31/12	<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	
<input type="checkbox"/> U-11 01/01/11 - 12/31/11	<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	
<input type="checkbox"/> U-12 01/01/10 - 12/31/10	<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	
<input type="checkbox"/> U-13 01/01/09 - 12/31/09	<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	
<input type="checkbox"/> U-14 01/01/08 - 12/31/08	<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	
<input type="checkbox"/> U-15 08/01/07 - 12/31/07	<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	

(Note: You may request to move up an age group but not down an age group)

EACH ADDITIONAL CHILD COST IS \$45 - SEPARATE APPLICATION REQUIRED

VOLUNTEERS NEEDED Parent Volunteers are an intricate part of YMCA Youth Sports. Please check if you would like to volunteer

Coach _____ PHONE (____) _____
 Asst. Coach _____ PHONE (____) _____

PAYMENT

PAYMENT MUST ACCOMPANY APPLICATION. Check# _____

Y YOUTH SPORTS PROGRAM(S)

The undersigned parent/guardian of the minor named above to hereby authorize the officer, coach, or leader of the Y SOCCER LEAGUE give my consent for all medical attention duly prescribed by a duly licensed doctor of medicine, for the above minor. The care may be given under whatever conditions are necessary to preserve the life, limbs, or well being of my dependent. I do hereby waive, release, and forever discharge the Huntington Y, its employees, independent contractors, or anyone acting on its behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the Y, including those injuries or damages that may be incurred by the use of equipment furnished by the Y. By signing below, I acknowledge there may be health risks associated with my child's participation in the Y SOCCER LEAGUE, which may include, but not limited to, transient light-headedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise related ailments that I willfully assume those risks. I understand that I may request that my child stop or delay his or her participation in any activity and that my child may be requested to stop and rest by any Y representative who observes any symptoms of distress or abnormal response to activity. I declare that I have read, understood, and agree to the contents of this informed concerned agreement in its entirety.

Parent/Guardian Signature _____ Date _____ / _____ / _____
 Parent/Guardian Signature _____ Date _____ / _____ / _____

MAIL OR DROP OFF APPLICATION TO: Huntington YMCA | 917 9th Street, Huntington, WV 25701 - Must be received by mail by February 28, 2022