



# INDOOR YOUTH SOCCER

**REGISTRATION BEGINS NOW TO NOVEMBER 18**

## **AGES**

U4 TO U12

## **COST**

Y MEMBER \$40 | NON-Y MEMBER \$55

## **TIMES**

GAMES WILL BE HELD AT THE PHIL CLINE YMCA ON SUNDAYS  
STARTING DECEMBER 4TH FOR 6 WEEKS

Can register as a team or as an individual

**Register at the Phil Cline Family YMCA  
917 9th Street Huntington, WV 25701  
Or online at [www.huntingtonymca.org](http://www.huntingtonymca.org)**

For more information, contact DuRon Jackson at 304.525.8127 or [djackson@huntingtonymca.org](mailto:djackson@huntingtonymca.org)

**PARTICIPANT INFORMATION**

**PLEASE PRINT CLEARLY**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent/Guardian Name(s) \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 List Any Medical problems or limitations \_\_\_\_\_  
 \_\_\_\_\_

**Please check age level**

U4  U5  U6  U7  U8  U9  U10  U11  U12

I do hereby waive, release, and forever discharge the Huntington YMCA, its employees, independent contractors, or anyone acting on behalf, from any and all liability for injuries and damages resulting from my child’s participation in any activities sponsored by the YMCA, including those damages that may be incurred by the use of equipment furnished by the YMCA. By signing below, I acknowledge there may be health risks associated with my child’s participation in the YMCA’s program, which may include, but not limited to, transient lightheadedness, 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 YMCA representative who observes any symptoms of distress or abnormal response to activity. I declare I have read, understood and agree to the contents of this concerned agreement in its entirety.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein. For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For More Information:**  
**DURON JACKSON 304.525.8127 OR DJACKSON@HUNTINGTONYMCA.ORG**