

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Youth Indoor Soccer at the YMCA of Catawba Valley

Ages: Boys and Girls ages 5-15

When:

Registration is September 25th-November 12th

READY

- Games are on Saturdays with occasional weeknight games
- First game is December 9th
- Tournament for ages 7+ will be February 5th-10th
- Holiday Time off: November 20th-24th & December 18th-31st

Where:

- Games will be played at both the Hickory and Shuford branches. *Hickory location may be affected by renovations
- Practices will begin the week of November 27th.
 Practice day/times will be determined after registration closes

Registration Information

- Members \$70, Non-members \$130
- Includes: Full uniform (shirt, shorts, socks), 7 regular season games, week long tournament for ages 7+, medal/trophy
- Late Registration Fee: \$15
 - Late registration must be approved by the program director. Availability is NOT guaranteed

SCORE!

Contact Information:

Sports Director: Abbey Tarr

abbeyt@ymcacv.org — 828-464-6130

Sports Coordinator: Mattie Clark

mattiec@ymcacv.org

SET

2023–2024 Youth Indoor Soccer Registration Form

Branch Location:

Hickory Foundation YMCAAdrian L. Shuford, Jr. YMCA				
	Age Divis	sion:		
5-6 Coed 7-9 Coe	d10-	12 Boys	_10-12 Girls	13-15 Coed
Child's Name:	Name: Date of Birth:		Age:	
Address:			Zip:	
Parent/Guardian Name:	Date of Birth:		Cell:	
Other Parent/Guardian Name: Date of Birth:		irth:	Cell:	
Email Address (please print legibly):				
Years Played Sport:				
	Child's Shir	t Size:		
Youth XSYouth SYouth M	/ Youth L	Adult S	Adult M	Adult LAdult XL
	As a parent, I w	ould like to:		
	Team Spo	nsor:		
\$25	50, Business nan	ne on back of i	uniform	
\$500, Business	name on back of	f uniform and l	oanner on the f	ield
	As a parent, I w	ould like to:		
Head Coach (Shirt Size:) OR /	Assistant Coac	h (Shirt Size:	
Special Requests: (Considered b	ut NOT Guarante	eed)		
I hereby certify that my child is in normal hacknowledge the risk of injury and/or illness waive all claims, and hold harmless the YM that I cannot be reached to make arrangeme by authorize the YMCA to transport make arrangement of the transport makes are supported by authorize the YMCA to transport makes are supported.	ss associated with place of Catawba Valents for emergency or child to the near	playing sports at ley staff, volunte medical attentior est medical facili	the YMCA of Cata ers, coaches and at the time of ill by for treatment d	awba Valley. I agree to sponsors. In the event ness or accident, I here- leemed necessary.
I support the YMCA Sports philosophy that ness and health, skill development				
I acknowledge the YMCA does not have to	o honor requests fo teams fair and		teammates becau	use we intend to keep
I understand that there is a registration de gram is conducted. I give permission	•		-	•
Parent/Guardian Signature:			Date:	