



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 1st-October 27th

- Games are on Saturdays with occasional weeknight games
- First game is December 7th
- Tournament for ages 7+ will be February 3rd-8th
- Holiday Time off: November 25-29th & December 21st-Jan 3rd

**Where:**

- Games will be played at both the Hickory and Shuford branches.
- Practices will begin the week of November 18th-22nd. 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

**Contact Information:**

**Sports Director:** Abbey Tarr  
abbeyt@ymcacv.org — 828-464-6130  
**Sports Coordinator:** Mattie Clark  
mattiec@ymcacv.org

# READY

# SET

# SCORE!

**2024-2025 Youth Indoor Soccer Registration Form**

**Branch Location:**

\_\_\_\_ Hickory Foundation YMCA                      \_\_\_\_ Adrian L. Shuford, Jr. YMCA

**Age Division:**

\_\_\_\_ 5-6 Coed      \_\_\_\_ 7-9 Coed      \_\_\_\_ 10-12 Boys      \_\_\_\_ 10-12 Girls      \_\_\_\_ 13-15 Coed

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (please print legibly): \_\_\_\_\_

Years Played Sport: \_\_\_\_\_

**Child's Shirt Size:**

\_\_\_\_ Youth XS    \_\_\_\_ Youth S    \_\_\_\_ Youth M    \_\_\_\_ Youth L    \_\_\_\_ Adult S    \_\_\_\_ Adult M    \_\_\_\_ Adult L    \_\_\_\_ Adult XL

**As a parent, I would like to:**

**Team Sponsor:**

\_\_\_\_ \$300, Business name on back of uniform

\_\_\_\_ \$625, Business name on back of uniform and banner on the field

**Coach:**

Head Coach (Shirt Size: \_\_\_\_\_)      OR      Assistant Coach (Shirt Size: \_\_\_\_\_)

Please put 1-2 days of the week that **DO NOT** work for your family for weekly practices (ages 5+ only) :

\_\_\_\_\_

***\*Please DO NOT put preferences for practice days! Only days you absolutely cannot commit to practice***

**Special Requests: (Considered but NOT Guaranteed) \_\_\_\_\_**

I hereby certify that my child is in normal health and capable of safe participation in YMCA Youth Sport Programs. I do acknowledge the risk of injury and/or illness associated with playing sports at the YMCA of Catawba Valley. I agree to waive all claims, and hold harmless the YMCA of Catawba Valley staff, volunteers, coaches and sponsors. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the YMCA to transport my child to the nearest medical facility for treatment deemed necessary.

I support the YMCA Sports philosophy that is based on "Athletes first, winning second," participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

**I acknowledge the YMCA does not have to honor requests for coaches and or teammates because we intend to keep teams fair and balanced.**

**I understand that there is a registration deadline, which the YMCA must enforce, and there are no refunds as the program is conducted.** I give permission to have my child's photo taken for YMCA publicity without repayment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_