

**Player's Name** \_\_\_\_\_ **Player's Age** \_\_\_\_\_

**TEAM FORMATION POLICY:**

The YMCA will make every effort to fulfill player requests for teams or coaches. The following policy will be used to form teams:

- Requests to move a player up an age bracket will be considered based on the number of players registered, the number of teams in an age group and the number allowable on a roster.
- If a player moves up an age bracket in the fall but does not meet the age requirement, it does not guarantee the player a spot on that said team in the spring. Each season we have a different amount of players and although there may be room for a player in the fall that space may not be available in the spring season.
- Players will be given priority on a team based on the team they played on the previous season and date they signed up the current season.
- Preference will be given to siblings on a team.
- If a player cannot be put on a team they will be offered a credit or refund.

I \_\_\_\_\_ have read and understand the above policy. Date \_\_\_\_\_

**PARENTS CODE OF CONDUCT:**

- I will place the emotional and physical well being of my child ahead of any personal desire to win.
  - I will demonstrate the values of self- restraint, fair play, and sportsmanship in my treatment of others at every game, practice session, or other Hardin County Family YMCA soccer event.
  - I will ask my child to treat all players, coaches, fans and officials with respect.
  - I will do my best to make my child's involvement with youth soccer a positive experience, while always remembering that the game is for the youth.
- Failure of parents to voluntarily abide by the above code may result in disciplinary action.

**Please sign here to indicate you've read and agree to all of the above:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RULES OF THE USYSA:**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, the Black Swamp Soccer league, its affiliated clubs, organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA & BSSL and its affiliated clubs accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors (e.g. Ohio Youth Soccer Association North, The Black Swamp Soccer League, Clubs and Soccer Coaches), their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I have also received information with regard to concussions and Lindsay's Law.

**Please sign here to indicate that you have read and agree to the above:**

Name: \_\_\_\_\_  
Parent/Legal Guardian (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Hardin County Family YMCA IN HOUSE 2021 Fall Soccer Sign Up

Childs Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

### AGE BRACKET:

Please circle the bracket your child's birth date falls into.

**U-4** Child must be 4 or under (in-house)

**U-6** 1/1/16 thru 12/31/17 (in-house)

**U-7** 1/1/14 thru 12/31/15 (in-house)

### REGISTRATION ENDS AUGUST 7, 2021

U4 & U6: Play in-house games while developing the basic fundamentals of the game.

Fee: \$30 members/\$45 potential members

U7—Play in-house games with U8 playing rules.

Fee: \$40 members/\$70 potential members

### \*\$10 LATE REGISTRATION FEE

\*\* REGISTRATIONS WILL NOT BE ACCEPTED ONCE TEAMS HAVE BEEN CREATED\*\*

\*\*NO REFUNDS WILL BE SUBMITTED ONCE TEAMS HAVE BEEN CREATED\*\*

**Shirt Size: \*\*All players must select a shirt size\*** The child will get to keep the shirt.

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### Remind Information

The YMCA Soccer Program is going to use the Remind App this season. This app will allow you to easily message YMCA Staff members, and allow for easier access to season information. This app allows for privacy of all participants information. Your personal information will not be shared with other Remind participants. You will only be able to communicate directly with the YMCA Program Director.

Please list below the phone number or numbers you would like to have associated with this Remind system. Please keep in mind that this number must be able to accept text messages.

Name: \_\_\_\_\_ Phone Number 1: \_\_\_\_\_

Optional 2nd Name: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

**Are you willing to coach/assist?** \_\_\_\_ Y \_\_\_\_ N Coach Preference: \_\_\_\_\_

Other information Y staff needs to know (teammate requests, disabilities, etc):

\_\_\_\_\_

Address: \_\_\_\_\_

Email (this must be an email that is checked regularly): \_\_\_\_\_

Mom/Guardian #1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dad/Guardian #2 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_