

# the **Y** CHALLENGER SOCCER

May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127 | Phil Cline Family YMCA • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25703 • (304) 522-0616

## FALL 2017

## SEPT. 6 – OCT. 11, 2017

**PRACTICE WEDNESDAYS FROM 5:30 – 6 PM**

**WEDNESDAY GAMES FROM 6 – 6:30 PM**

**\*NO SATURDAYS**

**Ages 8 – 18**

**COST PER CHILD \$25**

**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: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MEDICAL / EMERGENCY INFORMATION**

**IMPORTANT** LIST ANY MEDICAL PROBLEMS OR LIMITATIONS \_\_\_\_\_  
 \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF AN EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
 NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

I do hereby waive, release, and forever discharge the Huntington YMCA, 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 YMCA, including those injuries or 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(s), which may include, but not be 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 that I have read, understood, and agree to the contents of this concerned agreement in its entirety.

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

**MAIL OR DROP OFF APPLICATION TO:** Phil Cline Family YMCA | 917 Ninth Street | Huntington, WV 25701