



# JOIN YOUTH SOCCER

## FALL 2017 | TIMETABLE OF FALL SOCCER PRESEASON

**Registration: Ends July 31, 2017. Applications will be taken until 5:00 PM at The Phil Cline Family Y.**  
Applications received after this will be considered **LATE** and charged an **EXTRA \$5.00** late fee.

Coaches will contact players no later than August 18<sup>th</sup> regarding practice times for the following week. First game will be held on August 26<sup>th</sup>. Contact Ted Ferrell at [teferrell@huntingtonymca.org](mailto:teferrell@huntingtonymca.org) or 304.654.9815 if you have not been contacted by August 18<sup>th</sup>.

All age groups are coed. U-14 will play on Monday evenings. This is a recreational league: playing time is mandatory (two quarters) except for disciplinary actions (yellow or red cards).

**Y MEMBERSHIP RATE ELIGIBILITY** Child must be a member of either:  
Y Family Membership (10th Avenue | 525-8127) OR  
Youth Facility Membership (917 9th Street | 697-7113)

Youth Facility Membership costs \$46.00 annually, entitles youth members to usage of: gyms, running track, swimming pool, and game room. In addition, there is a reduction on all Y Youth Programs: Soccer, basketball, swim classes, and t-ball. Indoor soccer and basketball are available at an additional charge.

### ANSWERS TO COMMON QUESTIONS

**Jersey and matching socks will be provided by the Y for game matches.**

**All practices at the Kennedy Center**

**Parents must provide:** soccer ball, shinguards (must be worn)  
(ball size 3 for u-8 and younger, ball size 4 for u-9 through u-11, and ball size 5 for u-12 and up)

**Cleats are optional** (tennis shoes are fine) – this is especially true in the younger ages where planting the foot and making sharp cuts is uncommon. Practice shorts can be whatever you own. Players will also need practice clothing. Visit the concession stand "swap section" for cleats, shinguards, goalie gloves, balls that have been outgrown or donated.

**Requests:** We spend hours trying to accommodate requests – to be with a friend, for transportation, for a specific practice night, **however we can not do requests for specific coaches as roster sizes are limited.** Late registration requests will be considered but the chances are not as likely.

**Misc:** Jewelry may not be worn during games or practice (including newly pierced ears). Shinguards **MUST** be worn. **CASTS** are **NOT** permitted. **DOGS** are not permitted.



**FOR MORE INFORMATION:**

**Huntington Y | 304.697.7113 | [www.huntingtonymca.org](http://www.huntingtonymca.org)**



# Y YOUTH SOCCER APPLICATION

Phil Cline Family Y • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25702 • (304) 522-0616 | May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127

**Please complete all information. Incomplete forms will not be processed. Registration: July 1<sup>st</sup> - 31<sup>st</sup>, 2017.**

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: (\_\_\_\_) \_\_\_\_\_

## AGE GROUP CATEGORY

PLEASE CIRCLE YOUR CHILD'S AGE GROUP BELOW: Where your child's birthdate falls in between the dates below, they will be placed within that age group.

CO-ED	MEMBER FEE	NON MEMBER FEE	IS THERE AN EVENING YOUR CHILD(REN) CANNOT PRACTICE? If so please list the date(s) below:
<b>u-4</b> 08/01/2013 to 07/31/2014	\$60	\$70	_____
<b>u-5</b> 08/01/2012 to 07/31/2013	\$60	\$70	_____
<b>u-6</b> 08/01/2011 to 07/31/2012	\$60	\$70	_____
<b>u-7</b> 08/01/2010 to 07/31/2011	\$70	\$90	_____
<b>u-8</b> 08/01/2009 to 07/31/2010	\$70	\$90	_____
<b>u-9</b> 08/01/2008 to 07/31/2009	\$70	\$90	_____
<b>u-10</b> 08/01/2007 to 07/31/2008	\$70	\$90	_____
<b>u-11</b> 08/01/2006 to 07/31/2007	\$70	\$90	_____
<b>u-12</b> 08/01/2005 to 07/31/2006	\$70	\$90	_____
<b>u-13</b> 08/01/2004 to 07/31/2005	\$70	\$90	_____
<b>u-14</b> 08/01/2003 to 07/31/2004	\$70	\$90	_____

CURRENT SCHOOL GRADE \_\_\_\_\_

## EACH ADDITIONAL CHILD COST IS \$45. SEPARATE APPLICATION REQUIRED

**VOLUNTEERS NEEDED** Parent volunteers are an intricate part of YMCA Youth Sports. Please check if you would like to volunteer.

Coach: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Asst. Coach: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## PAYMENT

**PAYMENT MUST ACCOMPANY APPLICATION.** Check # \_\_\_\_\_

## Y YOUTH SPORTS PROGRAM(S)

The undersigned parent/guardian of the minor named above do hereby authorize the officer, coach or leader of the Y SOCCER LEAGUE give my consent for all medical attention duly prescribed by a duly licensed doctor of medicine, for the above minor. The care may be given under whatever conditions are necessary to preserve the life, limbs or well being of my dependent. I do hereby waive, release, and forever discharge the Huntington Y, its employees, independent contractors, or anyone acting on it's behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the Y, including those injuries or damages that may be incurred by the use of equipment furnished by the Y. By signing below, I acknowledge there may be health risks associated with my child's participation in the Y SOCCER LEAGUE, 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 Y 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 informed consent agreement in its entirety.

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

**MAIL OR DROP OFF APPLICATION TO:** Huntington YMCA | 917 9th Street | Huntington, WV 25701