



SUMMER SOCCER CAMP

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

JUNE 3 – JULY 10, 2019

REGISTRATION: MAY 2–23, 2019

COST \$45 Member | \$65 Non-Member

AGES 4–5 (*Ask about a Youth Membership | \$46 per year)

MONDAY & WEDNESDAY | 6:30 – 7:30 PM

Practice first 30 minutes individual drills

Game second 30 minutes

FOR ADDITIONAL INFORMATION: TED FERRELL | 304.654.9815

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 light-headedness, 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