



# FALL PRESCHOOL & YOUTH SOCCER REGISTRATION

Revised 5/8/18

Florence Family YMCA  
1700 S. Rutherford Drive Florence, SC 29505  
843-665-1234 www.florenceymca.org  
Parent Permission/Waiver for Participation in Youth Sports

Staff \_\_\_\_\_

**PLAYER INFO:** Age Group (child's age as of 9/1/18): 3 4-5 6-7 8-10 11-13

Print First Name: \_\_\_\_\_ Print Last Name: \_\_\_\_\_

Y Member or Nonmember Male or Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies and medical conditions: \_\_\_\_\_

How many years has your child played this sport? \_\_\_\_\_ Has your child played this sport here before? YES NO

Child's Shirt Size (size not guaranteed if registered after 8/8/18): YS YM YL AS AM AL AXL

LIST DAYS/TIMES YOUR CHILD CAN'T PRACTICE. OTHER REQUESTS WON'T BE ACCEPTED: \_\_\_\_\_

If you have other children playing soccer here, what are their names and age group? \_\_\_\_\_

↳ If possible, would you prefer them to practice: (Same Day/Same Time) or (Same Day/Different Time) or (Different Days)

**PARENT INFO:** Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Emergency Contact Other Than Parent: \_\_\_\_\_ Phone#: \_\_\_\_\_

Do you want to receive texts from your coach? YES NO

Do you want to receive messages from the Y via Remind about soccer and other youth sport programs? YES NO

↳ If yes, would you prefer to use: (Father's Cell #) or (Mother's Cell #) or (Both) **OR** read attached letter and register yourself

*I hereby consent to my child's participation in the Florence Family YMCA Youth Sports Program and agree to assume the risks involved. I understand that the YMCA does not provide medical insurance relative to accidents or injuries sustained as a result of program related activities. I also authorize any member of the YMCA staff or my child's coach to act on my behalf during all sports activities. I also understand that the YMCA may only give full refunds prior to the first practice and are subject to a processing fee. I also agree to have read and uphold the YMCA Youth Sports Code of Conduct. Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures and promotional materials with no compensation to me or my child.*

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**VOLUNTEER INFO:** If you are willing to participate as a volunteer in support of this program, circle below. The head coach & one assistant coach of every team will each receive a coach's shirt. All practices are held only at the Y & last 1 hour. Teams get one practice a week. Coaches must read and accept the information in the coach's handbooks and pass a background check.

Coach or Assistant Coach Coach's Shirt Size: AS AM AL AXL AXXL AXXXL

Can you attend the meeting for coaches on Thurs., Aug. 16 at 6 pm at the Y? (Must meet with sports director if unable) YES NO

Requested Youth Practice Slot (for ages 4-13): Tuesday or Thursday or Friday (5:30-6:30 pm) or (6:45-7:45 pm)

Requested Pre-school Practice Time on Saturday (for age 3): (9-10 am) or (10-11 am)

Team Name and Jersey Colors 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Red/black	White/black	Royal/black	Gold/black	Kelly/black	Columbia/black	Maroon/black	Navy/black
Black/white	Lime/black	Forest/black	Silver/black	Neon yellow/black	Orange/black	Purple/black	Teal/black

**SPONSORSHIP INFO:** If you are interested in sponsoring, circle an option below. Sponsors are needed to help defray some costs of our youth sport programs. You will receive a plaque recognizing your generous donation and the satisfaction of knowing that your business helped children in your community.

Option #1: A one team sponsorship costs \$150. Your business' name will go on the front chest of the shirt.

Option #2: A two or more team sponsorship costs \$125 per team. Your business' name will go on the front chest of the shirt.

\_\_\_\_\_  
Business/Sponsor Name

Excel:\_\_\_\_ Age:\_\_\_\_ (New or Returning AGP) Coach:\_\_\_\_\_ Sibling:\_\_\_\_\_ Roster:\_\_\_\_\_ Eval:\_\_\_\_\_ Refund:\_\_\_\_\_