

# INDOOR SOCCER REGISTRATION

Program Name: Soccer (Rookies-3/4yr) \_\_\_\_\_ Soccer (Verterans-5-7yr) \_\_\_\_\_

Child's Name: \_\_\_\_\_ (one document per child)

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street

Cell Phone: \_\_\_\_\_

City

State

Zip Code

Emergency Contact Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you or your child a current member: Yes \_\_\_ No \_\_\_

Are there any special needs or medical conditions your child has that we should be aware of?  
Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

This waiver grants permission for the PRYMCA to take and use photographs or video of the person named on the application for marketing and publicity purposes, specifically for the PRYMCA. I do not wish to have my child's picture taken or used: \_\_\_\_\_

**Cancellations:** Any cancellations for youth sports after the start of the program are non-refundable. A late fee of 5% will be assessed on all charges which are 30 days past due.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

PRYMCA Representative \_\_\_\_\_

**\*\*Full Payment is due at the time of registration\*\*** Member: \$20 Non-member: \$30

Are you interested in volunteering to help coach? Yes \_\_\_ No \_\_\_

THANK YOU and we look forward to a great season!

Piscataquis Regional YMCA  
48 Park St., Dover Foxcroft  
(207) 564-7111