

# **GET YOUR KICKS**2023 Spring Soccer Rockingham County YMCAs - Eden

**Age Groups:** Co-Ed: 3-4, 5-6, 7-8, 9-11 and 12-15



**League Details:** Games are typically played on Saturday at the Eden YMCA or Lake Reidsville. There will be no games/practices April  $8^{th}$ – $15^{th}$  due to Spring Break. Weeknight games will take place the week of April  $24^{th}$ ; all other games will be on Saturdays (possible weather makeup games will also be on weeknights). Practices will be on weeknights. Coach & player requests will only be honored in the 3-6 year old age groups. 7-15 year old teams are formed by coaches through a draft process. End of season trophies will be discarded if not picked up within 1 month.

**YMCA Sports Philosophy:** Participants have FUN in a safe learning environment. The YMCA believes in the God-given potential of every child; encourages teamwork and a sense of belonging.

### **Registration:**

Early Bird YMCA Members Only Registration (From Feb. 1st thru 16th) \$40.00 YMCA Members

Standard YMCA Members Registration (From Feb. 17th thru Mar. 2nd)

\$50.00 YMCA Members

**Standard Community Guests Registration** (From Feb. 1st thru Mar. 2nd)

\$65.00 Community Guests

Last Chance Registration (After Mar. 2<sup>nd</sup> – if space is available)

\$60.00 YMCA Members or \$75.00 Community Guests

\*No refunds issued, only credits towards the next Y sport.\*

#### **Deadlines:**

Financial Assistance Application Deadline – February 14<sup>th</sup>, 2023 Standard and Online Registration Deadline – March 2<sup>nd</sup>, 2023

#### **Important Dates:**

Skills Clinic (ages 7-15) – March 11<sup>th</sup>

Games Start – April 1st

Season Ends – May 20<sup>th</sup>

Register Online at: YMCAGREENSBORO.ORG

Contact: Michael Peeler, Regional Sports Director at <a href="michael.peeler@ymcagreensboro.org">michael.peeler@ymcagreensboro.org</a> or 336.623.8496 for more information.

## Rockingham County YMCAs Spring Soccer Registration Form - Eden

PLAYER INFORMATION				
First Name:	Last Name:			
Date of Birth:/ Age:	Age Group:	Gender:	School:	
Address:	City:	State:	Zip:	
T-Shirt Size: YXS YS YM YL AS AM	I AL AXL <b>Skill Level</b>	: Beginner I	ntermediate:	_ Advanced:
PARENT/GUARDIAN INFORMATION	ON			
Guardian #1 (person who will be conta	cted in case of practi	ce/game change	s or cancelatio	ns)
Name: Re	lationship		(C)	
Phone Carrier:				
Email:				
Guardian #2 Name	Relationship _		(C)	
Phone Carrier:				
Email:				
AS A PARENT I WOULD LIKE TO (Circle one):				
REQUESTS: (Not all requests can l	Night You CANN(	OT Practice:	<b>М</b> □ Т	
Sibling Request (one choice only):		1st Priority: Coa	ach Sibling	Night
RELEASE AND WAIVER OF LEGAL LIABILITY:				
THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Releaboard members, employees, volunteers, agents, independent effective immediately.  This is important to you and/or any minor children, so do not sterms:  1) GENERAL RELEASE: I hereby agree for myself and/or mrepresentatives, to indemnify, defend and hold YMCA and it ("Releases") in the program harmless from any and all claim army child or which may be aggravated during or by any activity and all claims or causes of action, which I and/or my child marising out of my and/or my child's participation in the program inclusive as permitted by the law of the State of North Carolin and effect.  2) ASSUMPTION OF RISK: I, individually and/or on behalf of a from my YMCA activities. You assume the risks: I, individually in only by persons in good health. I understand that I should conderstand the risks involved and accept all of the risks.  3) MEDICAL RELEASE: I, individually and/or on behalf of any mi or services or assistance provided to me in connection with a at YMCA activities. B) I hereby give permission for emergency 4) INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HE may befall you.  5) PHOTOGRAPHIC RELEASE: I consent to be photographed and (6) Parents Code of Ethics: I agree to act in an appropriate ma HAVING READ, UNDERSTOOD, AND AGREE WITH THESE TERM	contractors, other participants and sign until you have had your question you child and our respective heirs, so officers, directors, board member of causes of action of any nature for during the course of the program and you or hereafter have against man. I further expressly understand a and that any portion thereof is hony minor child, expressly and spectand on behalf of my minor child, under any position of any participant aphysician before enrolling mor child, further hereby release YN my injury that arises from activities medical treatment to be administed ALTH INSURANCE. You should under and be supportive of all playe	d/or others acting on its bons answered. You provide assigns and legal ars, employees, volunteers or any and all personal injuin which I have decide to Releases which may at an and agree the foregoing inseld invalid, it is agreed that iffically assume any and all nderstand that YMCA actimyself and/or my child in MCA from any claim whatso at YMCA.A) I take full rever as deemed appropriate arstand that the YMCA does of myself and/or my mirs/coaches/officials.	this Release freely, and we have a spending to this Release freely, and we have a spending details and the same and wait the balance shall, not we have a spending to the YMCA program. Once the YMCA program. Once the ymost and	a"). You agree that this Release is without duress under the following intractors and other participants ath, which may occur to me and/or hild to engage. I further waive any of any act or thing occurring in or rer is intended to be as broad and with standing, continue in full force ath, or property damage resulting dangerous and should be engaged by you sign, you are saying that you are result of any first aid, treatment, y child(s) welfare and safety on or to cover injuries and losses that
Parent/Guardian Signature:		Date		