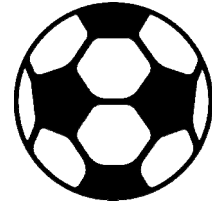




# IN TOWN SPRING SOCCER LEAGUE



Registration available through March 16 at the Y

**April 6 - May 25, 2012**  
**1 hour practice 1 time a week**  
**Location: Y soccer fields**  
(Coaches contact for practicing)

<b>CIRCLE ONE:</b>		
Ages 5/6	Ages 7/8	Ages 9/10
<b>Member: \$37; Non Member: \$60</b>		

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender:  M  F Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: WI Zip: \_\_\_\_\_

Years Played \_\_\_\_\_ School: \_\_\_\_\_

Shirt Size:  YS 6/8  YMI10/12  YLI14/16  S  M  L  XL

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

Parent #1 Name: \_\_\_\_\_

Office/Cell Phone: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Office/Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**REQUESTS: ONE NAME** (player or coach).

Requests are filled on a "first come, first served" basis. **(Not guaranteed)**

Coach Name: \_\_\_\_\_ **OR** Friend Name: \_\_\_\_\_

<p style="text-align: center;"><b>The Y is a volunteer organization.</b> Please consider volunteering your time to help with your child's team.</p> <p><input type="checkbox"/> Volunteer to <b>COACH</b> (Parent from team) Parent Name _____ Coaches Email _____ <i>You will be contacted before the season begins</i></p> <p><input type="checkbox"/> Volunteer to <b>ASSISTANT COACH</b> Parent Name _____ Email _____</p> <p><input type="checkbox"/> Donate \$1 or <input type="checkbox"/> Other \$_____ to the Y's Annual Campaign to help local children and families gain positive benefits of the Y's valued-centered programs. No child turned away for inability to pay!</p>
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I hereby give permission for my child to participate in the YMCA of Dodge County's Youth Sports program. I understand the nature of the game, and the risk involved with the program and agree to hold the YMCA of Dodge County harmless in case of accident or injury. I also give permission for YMCA paid or volunteer staff to seek medical assistance in the event I cannot be contacted if my child is injured while participating in this program. I also understand that myself or my child may be photographed for a YMCA publication.

**\*\*PARENT SIGNATURE** \_\_\_\_\_

**Refund Policy:** We gladly refund your registration fee through one week prior to first game.

<p>Fee \$ _____ Strong Kids Donation \$ _____ TOTAL FEES \$ _____ Staff Initials _____</p> <p>Receipt # _____ Date _____ <input type="checkbox"/> Member <input type="checkbox"/> Non-Member Member # _____</p>	<p>Date CCC: _____</p> <p>Staff Initials: _____</p>
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## YMCA OF DODGE COUNTY

220 Corporate Drive, Beaver Dam WI 53916

(P) 920 887 8811 (W) theYdc.org | facebook.com/theYdc



For all Sports related information go to [www.quickscores.com/ymcaofdodgecounty](http://www.quickscores.com/ymcaofdodgecounty)