



YMCA of Reading & Berks County

2010 Soccer



Divisions: 4-5 year olds (coed) 6-8 year olds (coed)

Date: September 7, 2010 – October 30, 2010

Deadline: Friday, September 3, 2010 (\$10.00 late fee will be assessed after this date)

Fee: Member \$30.00 Non-Member \$50.00

Location: Robeson Elementary; 801 White Bear Road, Birdsboro, PA 19508

Information: Parent packets will be distributed on **Tuesday, September 7, 2010 @ 5:00PM** behind the lower parking lot at **Robeson Elementary**. Packets include practice/game schedules, coach information, picture schedule and roster.

Practice/Games: Practice: Tuesdays 5:30-6:30PM & (Wednesdays if needed) Games: Saturdays 9:30-11:30AM
(CUT ON LINE AND RETURN BOTTOM WITH REGISTRATION FEE)

Name of Player: _____ Age: _____ Birthdate: _____ Grade: _____

Gender: Male: _____ Female: _____ School Attending: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mom: _____ Phone: (H) _____ (C) _____ E-mail: _____

Dad: _____ Phone: (H) _____ (C) _____ E-mail: _____

T-Shirt: YM (10-12) ___ YL (14-16) ___ AS ___ AM ___ AL ___ Other ___

I will pick up my parent information packet on Tuesday, September 7, 2010 at 5:00PM. _____
(Parent Signature)

VOLUNTEER COACHES NEEDED!!

Volunteer parent coaches are very important to the success of our YMCA Super Sports Programs. Please indicate below if you would like to volunteer or contact Andrew at 610-378-4737, awright@ymca-berkscounty.org.

I am interested in coaching my child's team: Coach Name(s): _____

I am interested in sponsoring my child's team (Logo/name on uniform-\$100) Yes: _____ No: _____

YMCA Release and Waiver of Liability: You have registered your child for a YMCA program that involves physical activity and completion of this form is required. This document is a release of claims, and by signing it you do the following:

1. Acknowledge that when performing any physical component of this program your child may suffer injury.
2. Present to the YMCA that your child is in good health and physical condition, sufficient to engage in such activities and that your child is not suffering from any condition that would prevent your child from engaging in such activities or that make your child's participation in such activities potentially dangerous or harmful to your child.
3. Assume the risk of, and release the YMCA and its associates harmless from, any liability for physical or other injury that has been suffered by your child during, or as a consequence of, participation in the physical activities required in the curriculum of this course and you agree that the YMCA, nor any other person involved in organizing or teaching in this program, shall have any liability or responsibility for any injury or harm.
4. I authorize the YMCA to photograph or video tape both myself and my child and understand that all photos and video footage are property of the YMCA and may be used for publicity purposes.

I have read, understand, and affirm that my child is in good health and physical condition and am signing this of my own free will. I agree to all of the foregoing.

Parent/Guardian Signature

Date

To register: mail this form and your registration fee made payable to "YMCA of Reading" to: Andrew Wright; YMCA of Reading & Berks County; 631 Washington Street, PO Box 1622; Reading, PA 19601.