

**Volunteer to
be a coach,
asst. coach,
or referee!**



2009 Fall Soccer at YMCA Trout Lodge & Camp Lakewood

Co-ed for Pre-K to 6th grade

Registration Fee:

\$30 (on or before August 28, 2009)

\$35 (after August 28, 2009)

Fees are non-refundable and must accompany registration forms in the mail or in the drop box located at Belgrade State Bank, First State Community Bank, Unico Bank or US Bank in Potosi. Registrations may also be faxed to 438-3913 with a credit card number for payment (see reverse side for form). Late sign-ups (after August 28th) may not receive a t-shirt by the first game.

IMPORTANT DATES:

Registration Deadline: September 4

Registrations **will not** be accepted after the deadline.

September 10

Meet coaches & teammates; 1st practice 6-7:30 pm

September 15 - October 22

Season (games every Tues. & Thurs. from 6-7 pm; food available for purchase)

October 24

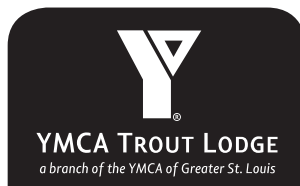
Soccer picnic

October 27 & 29

Rain dates

www.troutlodge.org

For more information, contact
Brad Smith at **438-2154 ext. 121**
or bsmith@ymcastlouis.org



registration form on back

2009 Fall Soccer Registration

Name of Player: _____ Male / Female Grade: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Child Height: _____ Weight: _____ Birthday: ____/____/____

Shirt Size (circle **one**): YOUTH: 6-8 10-12 14-16 ADULT: S M L XL

Special Health Needs: _____

Parent(s)/Guardian Name: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

I am willing to volunteer as a: **Coach** **Assistant Coach** **Referee**

Credit Card Type: Visa Mastercard Discover American Express

Credit Card Number: _____ Exp. Date: _____

AGREEMENT

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached. I authorize the YMCA to take and use photographs, slides, or videotapes of my child as may be needed for its records or public relations publications.

I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

Signature of Parent or Guardian

Date

Mail with check or credit card info to:

Fall Soccer - YMCA; Attn: Brad Smith; 13528 State Hwy AA; Potosi, MO 63664

Fax with credit card info to:

Fall Soccer - YMCA; Attn: Brad Smith; 438-3913

Place in drop box with check, cash or credit card info:

Potosi Locations: Belgrade Bank, First State Community Bank, Unico Bank or US Bank

Office Use Only:

Date Received: _____ Received By: _____ Payment Type: _____ Payment Amount: _____