



We build strong kids, strong families, strong communities.

Registration Fee:

\$50.00 Members

\$60.00 Non-members

DEADLINE FOR REGISTRATION WILL BE March 12, 2008

EVERY ATHLETE that is NEW to the league must attend a skills day. Skills day will take place at the Hot Springs Family YMCA in the gym. Skills day/time will be scheduled as follows:

Skills Day Schedule

Friday August 8, 2008

U6 & U8

5:00-5:30p.m.

U10 & U12

5:30-6:00p.m.

U14 & U16

6:00-6:30p.m.

Coaches Meeting: Thursday July 31 @ 6:00p.m.

Skills Day: Saturday August 8, 2008

Last Day To Register: August 11, 2008

Draft Night: August 14,, 2008 (Coaches Only)

First Game: Saturday, September 6, 2008

Last Game: October 25, 2008

Trophies will be given out the last game of the season

Registration

Last Name: _____ First Name: _____ Gender: M - F Birthday: ___/___/___ Age: ___

Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Age Divisions:

Ages: U6 - (age 4 & 5)
 U8 - (age 6 & 7)
 U10 - (age 8 & 9)
 U12 - (age 10 & 11)
 U14 - (age 12 & 13)
 U16 - (age 14 & 15)

Age Divisions may be adjusted as needed to form teams. Age cutoff is how old the athlete was on August 1, 2007

Uniform Information

Each player will be provided with:

Athlete's Jersey size: (please circle) **YS YM YL AS AM AL AXL**

Sock Size: **Youth / Adult**

Athlete's Short size: (please circle) **YS YM YL AS AM AL AXL**

Athlete Information:

Is Athlete New to the YMCA League? **YES - NO**

Team Played on last SPRING? _____

FALL? _____

For Office Use Only

Paid: _____

Amount: _____

Late Fee: _____

Staff Intl. _____

Recpt. # _____

Father/Guardian Name: _____ Mother/Guardian: _____ Emergency Contact: _____

Employer: _____ Wk. # _____ Employer: _____ Wk.# _____ Telephone (home): _____

Cell #: _____ Cell #: _____ Cell Phone: _____

PLEASE READ CAREFULLY — SIGNATURE IS REQUIRED FOR LEAGUE PARTICIPATION:

Does this athlete have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or other significant medical conditions? (circle one) Yes No

If yes, what is the condition? _____ Family Physician: _____ Physician's Phone Number: _____

Emergency Authorization: I the undersigned, parent or legal guardian of the participant, a minor, herby authorize the coaches, assistant coaches, director's, Parent's of team members acting in the capacity of activity supervisors/ vehicle drivers, as my agents, to consent to medical, surgical or dental examination and /or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the person indicated on this form as emergency contact.

Authorized Signature: _____ Date: _____

Waiver of Liability, Disclaimer and Permission: I, the parent or guardian of the above named individual, acknowledge that participation in athletic event necessarily involves the risk of physical injury. I further acknowledge that the programs of The Hot Springs Family YMCA youth super sports are primarily administered by parents, who volunteer their time, rather than by paid, trained professionals. In consideration for accepting the registration the named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as my child, his heirs and assigns) herby release, discharge, and hold harmless The Hot Springs Family YMCA, its representatives, directors, employees, volunteers and other representatives or affiliates from and against any claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in YMCA Super Sports program and/or sponsored event, including any physical injury by the negligence of any official, referee, or coach while performing his/her duties during any practices or games. I attest that my child is physically capable to participate in this sport and has not been advised by any medical personnel not to do so. However, should officials, representatives or volunteers determine in their sole discretion that completion or participation in any games or events might be injurious or harmful to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the event or game representatives. I give my permission for free use of my child's name and picture in broadcast, telecasts, or written accounts of any game, practice or participation in any YMCA Youth Super Sport Event. I further understand that no refunds will be given once this application has been received. **Authorized Signature:** _____ **Date:** _____



2008
Fall Soccer

**Hot Springs YMCA
Soccer
Association**

**25 years of playing
Soccer!**



**THE HOT SPRINGS FAMILY
YMCA**

130 Werner Street
Hot Springs AR 71913
(501) 623-8803
www.hsymca.org

The Hot Springs Family YMCA

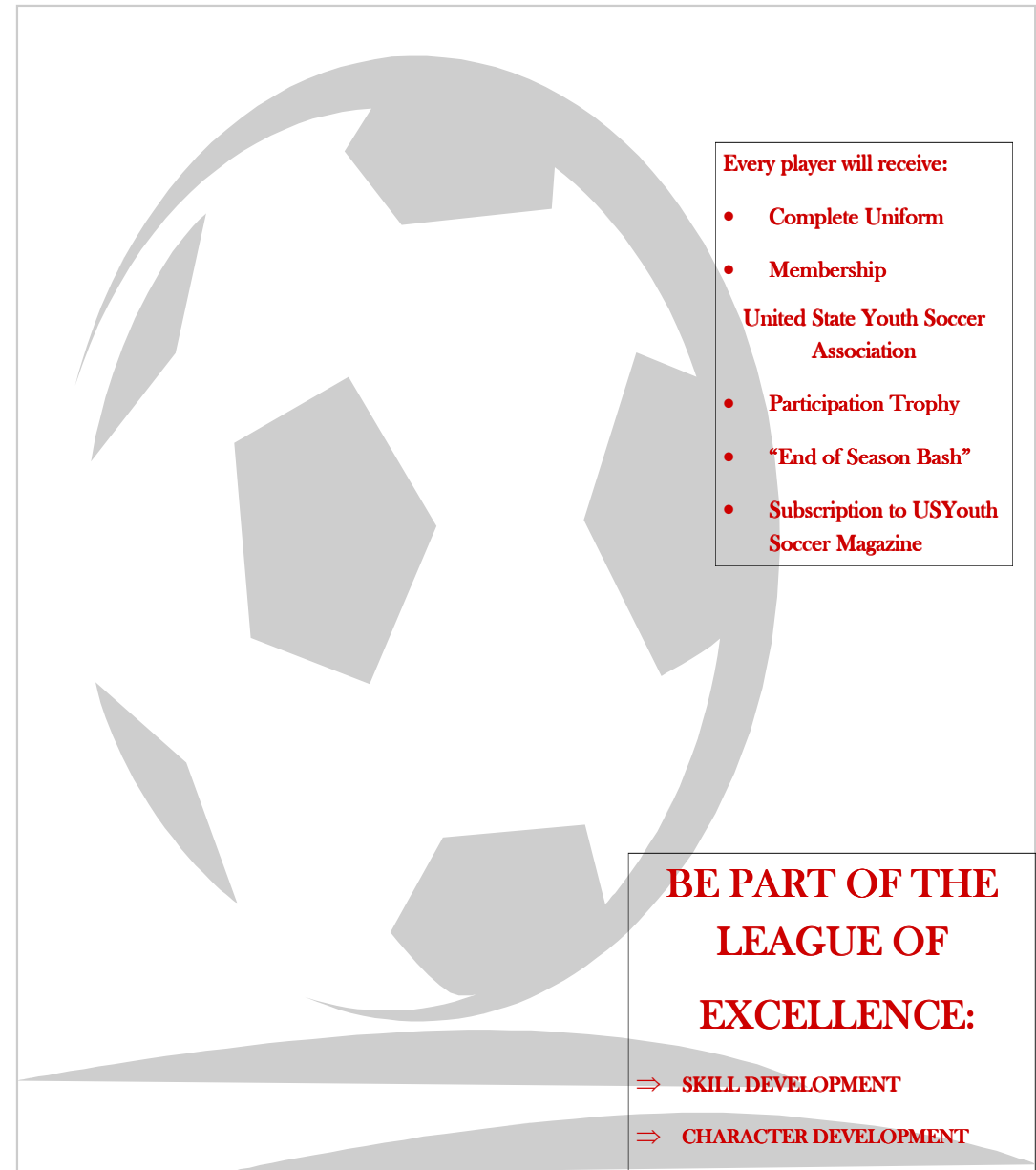
Youth Super Sports

Stanley Barnes

Lisa Autry

Office Hours: 10:00 a.m.-3:00 p.m.

Monday -Friday



Every player will receive:

- Complete Uniform
- Membership
- United State Youth Soccer Association
- Participation Trophy
- "End of Season Bash"
- Subscription to USYouth Soccer Magazine

**BE PART OF THE
LEAGUE OF
EXCELLENCE:**

- ⇒ SKILL DEVELOPMENT
- ⇒ CHARACTER DEVELOPMENT
- ⇒ LEADERSHIP DEVELOPMENT
- ⇒ SPORTSMANSHIP DEVELOPMENT