GREENVILLE/HUNT COUNTY YMCA FALL SOCCER 2009
PLAYER REGISTRATION FORM

WWW.GREENVILLE-YMCA.ORG

Age Division_____

Member
Non-member

New Player - Did not play last season
Returning Player - Return to same team
Returning Player - Place in draft

****NO SPECIAL REQUESTS ALLOWED****
****COPY OF BIRTH CERTIFICATE REQUIRED FOR ALL NEW PLAYERS****

Player Information

Last Name _____ First Name _____ D. O B. ___ / ___ / ___
m d y

Address _____ City _____ Zip _____ Male/Female

Contact Phone _____ Contact E-mail ***(required)*** _____

Grade_____ School _____

Jersey Size ( )YXS(2-4) ( ) YS(6-8) ( )YM(10-12) ( )YL(14-16) ( )AS(34-36) ( )AM(38-40) ( )AL(42-44) ( )AXL(46-48)

Player Code of Conduct

- I am here to learn, have fun, try hard, and play fair
- I will respect coaches, officials and players, both on my team and other teams
- I will not use any language or gestures that could cause bad feelings
- I will attend every practice and game that I can and I will be responsible to notify my coach if I cannot attend
- I will be respectful and will not argue calls with any official
- I will not play in such a way as to intentionally cause harm to any other player
- I will recite the sports pledge before each game and will shake hands with my opponents after each game
- I will abide by all the rules and regulations of the YMCA

Player's Signature _____

Parent / Guardian Information

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone_____ Relation _____

Parents Code of Conduct

- I will cheer for my child and not yell at him or her
- I will not argue calls with the officials, neither during or after the game
- I will respect the decision of the coaches, officials and program administrators in all matters
- I will not engage in any negative behavior towards the other team, their players, coaches or parents
- I will stress to my child, and demonstrate by my behavior, the importance of sportsmanship in all areas of play

Injury Waiver/Medical Consent

In consideration of my child being accepted in the Greenville/Hunt County Co. YMCA program, I do hereby waive and release the Greenville/Hunt County YMCA Staff, Board of Directors, Officials and Team Coaches of all rights and claims for damages sustained and suffered by my child in connection with his/her association and participation in the Greenville/Hunt County Co. YMCA programs. In the event I cannot be reached in an emergency, I do hereby give to the YMCA Staff and Coaches permission to secure proper treatment for my child as named above.

Parent's Signature _____ Date _____

Team Sponsor (Cost $150.00 per team) – Sponsor Name: _____

Sponsor Another Player for: $10 $15 $20 Other $ _____

YMCA Staff Only

Receipt #_____

Amount: _____

Staff: _____

Date: _____

YMCA Mission

"To put Christian principles into practice through programs that build healthy spirit, mind, and body for all"