the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ITTY BITTY SOCCER

AGES 3-4 yrs

Saturday Mornings 9/ 17-10/22
Member $40 Non Member $60

The Itty bitty soccer program serves as an introduction to the team sport and its rules while focusing on basic skills and drills. Parent or family members' participation is mandatory for this session. Itty Bitty soccer will meet for 6 weeks every Saturday for about 45 minutes. We plan to do all activities outdoors weather permitting.

Please bring a water bottle, shin guards, and wear athletic clothing. Cleats are not required.
All other equipment provided.

REGISTER NOW

@ymcaofdouglascounty.org/youthsports

YMCA of Douglas County | 1151 NW Stewart Pkwy |Roseburg OR 97471
Questions Call: 541-440-9622 | yprograms@ymcaofdouglascounty.org

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YMCA Team Sports Registration/Release of Liability

Shirt Size Please Circle:

Youth S (6-8) / M (10-12) / L (14-16) Adult S / M / L

Please print clearly and fill out completely. ***Every attempt will be made for special requests.

Program Name: _____ **Time of Program:**_____

Participant's Name _____**Sex: M**____ **F**____ **Age**_____ **DOB**_____

Address _____**City**_____ **Zip** _____

Home Phone:_____**Cell #**_____

E-mail_____ **School**_____ **Grade**_____

Mother/Guardian's Name_____ **Wk#**_____**Cell #**_____

Father/Guardian's Name_____**WK#**_____**Cell #**_____

Emergency Contact_____ **Phone**_____ **Relation**_____

SPECIAL HEALTH NEEDS/COACH REQUESTS:_____

Please initial to indicate agreement with the following two items:

_____ **I give my permission to the Central Douglas County Family YMCA to use, for publicity purposes, pictures taken of the participant.**

_____ **I support the Central Douglas County Family YMCA philosophy, which is based on participation, fun, physical fitness and health, skill building, teamwork, fair play, family involvement and volunteer leadership.**

RELEASE FROM LIABILITY

1. **In consideration of the right to participate in this Central Douglas County Family YMCA (later referred to as the YMCA) program, I waive the right to any and all claims against the YMCA for damages, losses, or injuries suffered by my participating minor child or by me as a participant that arise from this program, including a release of any claims that may be caused in whole or in part by the negligence of the YMCA, its agents, directors, or employees. On behalf of myself, my spouse, my heirs, executors, or assigns, I hereby agree to as sume those risks associated with participating in this program and to hold harmless the YMCA and/or its agents for damages suffered by me or my minor child. I also agree to indemnify the YMCA for expenses (including defense and other costs) associated with any claim of damages, injury, or death arising from my or my minor child's participation in this program.**
2. **I hereby certify that the above named participant is in normal health and capable of participation in this program. I assume all risks incidental to participation in this program and for transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached.**
3. **I understand that the YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accident will be the responsibility of the adult participant or the minor participant's parents/guardians.**
4. **I am a legally competent adult (18 years or older) who is responsible for the above named participant. I have read and agree with the above statements.**

Signature of Legally Responsible Adult _____ **Date**_____

Relationship to participant (circle one): Parent:_____ **Legal Guardian:**_____ **Other**_____

Program fee payment due upon registration. Did you remember to circle shirt size?

If mailing your registration, mail to: (Make checks payable to YMCA OF DOUGLAS COUNTY)
YMCA OF DOUGLAS COUNTY, 1151 Stewart Parkway, Roseburg, OR 97471

VOLUNTEER REGISTRATION Name: _____
I am interested in volunteering as a: _____Coach _____Assistant Coach _____Team Parent _____Referee/Official

For Office Use Only: Receipt #_____ **Receipt Date:**_____ **Clerk Initials :**____**Total: $**_____