



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

3V3 SOCCER



**Offered for ages 3 - 10
TUESDAYS OR THURSDAY EVENINGS**

Early Registration: January 14th - February 17th

Late Registration: February 18th - 24th

YMCA Member Registration Fees: \$30, early, \$40, late

Potential Member Registration Fees: \$40, early, \$50, late

NAME: _____

PARENTS NAME: _____

AGE: _____

PARENT PHONE: _____

GENDER: M or F

E-MAIL ADDRESS: _____

Would you like to COACH: (please circle) YES NO

TSHIRT SIZE (Please Circle) youth XS S M L

In consideration of my child's participation of the YMCA of Callaway County, I do hereby agree to hold free from any and all liability the YMCA of Callaway County and its respective officers, employees, volunteers and members, and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights for damages which my child may have or which may hereafter accrue to them arising out of or connected with there participation in any activities of the YMCA of Callaway County.

I do hereby further declare my child to be physically sound and suffering from no condition or illness that would prevent there participation in any activity of the YMCA of Callaway County. I acknowledge that they have either had a physical examination and have been given their physician's permission to participate, or that I have decided they can participate in this activity without the approval of their physician.

I hereby irrevocably release, consent and allow the YMCA of Callaway County and its agent to use my photograph/likeness/ voice, including all persons as listed, as it pertains to my participation with the YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

Parent Signature: _____

Date: _____