



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2024 Illinois Valley YMCA Youth Indoor Soccer (Futsal) League

Registration Form

GRADE DIVISIONS	K- 2 nd / 3 rd -4 th / 5 th -6 th .	COST	
EARLY REGISTRATION	Sep 9 th - Sep 22 nd	Members \$55	Non-Members \$75
OPEN REGISTRATION	Sep 23 rd -Oct 13	Members \$62	Non-Members \$82
LATE REGISTRATION	Oct 14 th Oct 20 th	Members \$69	Non-Members \$89

Financial assistance is available. No one is turned away due to an inability to pay.

3-5 YEAR OLDS They will only play on Tuesday from 5-8pm based on participant numbers

COACHES' MEETING Wednesday, October 23rd, 2024, from 6-7p.m. (in conference Room at YMCA)

PRACTICE BEGINS Week of October 29th, 2024 (*schedules will be announced within a week of the coaches' meeting*)

GAME SEASON November 3rd- December 14th (*games played on Saturdays starting Nov. 3rd*)

What days and times are you available to practice? (*Circle days and put from when to when, 5pm-8pm*)

M _____ **T** _____ **W** _____ **TH** _____

****Player Information****

Player Name _____

Member Type: Member / Non-Member

Gender: Male / Female

T-Shirt Size YS YM YL AS AM AL AXL **Birth Date** ____/____/____

School Attending _____ **Grade** _____

Skill Level (*Circle One*) A B C (*A = Never played / B = Played in previous league / C = Experienced skills for age*)

****Emergency Contact Information****

Parent or Guardian Name 1 _____

Parent 1 Email _____

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

Cell Phone _____

Parent or Guardian Name 2 _____

Parent 2 Email _____

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

Cell Phone _____

****Special Player/Coach Request****

Requests (ONE Player or Coach)

We try to accommodate requests but cannot guarantee. The Illinois Valley YMCA reserves the right to modify rosters.

****Volunteer Coaching****

Please check either if interested (**Volunteers help make the program successful!**)

Head Coach _____ Assistant Coach _____ Gender? M/F

First Name _____ Last Name _____

Phone Number (If different from above) _____

Email Address _____

****Photo Release****

I hereby acknowledge that the Illinois Valley YMCA may use photos or videos taken of myself or my child for use in publications online, in print, or in other company publications. I release and hold harmless the YMCA from any reasonable expectation of privacy or confidentiality associated with the images specified above. I also acknowledge I will receive no financial compensation for the use of such materials.

Agree

Disagree

****Waiver of Liability****

I hereby, for myself and my child, waive and release all rights and claims that I may have against the Illinois Valley YMCA and its associates and/or volunteers. I understand that my child participates at his/her own risk and that I have insurance that will cover injuries that he/she may incur.

Parent/Guardian Signature _____ Date _____

(FOR OFFICE USE ONLY)

Attach Receipt if possible.

Payment Amount \$ _____

Payment Received Date ____/____/____

Receipt# _____

Staff Initials _____