



KENTON COUNTY SOCCER REGISTRATION FORM

Staff Initials: _____
Date: _____
Amt Pd: _____
Check cash charge

Participant's Name _____ Birth Date _____ Sex: M F Member: Yes No
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
Please list all Child's Medical Conditions: _____

Parent/Guardian Information:
Parent/Guardian's Name _____ Parent/Guardian's Name _____
Work or Cell # _____ Date of Birth: _____ Work or Cell # _____ Date of Birth: _____

Emergency Contact: (other than parent/guardian)
Name: _____ Telephone: _____ Relationship: _____

Age Division: 3-4 5-6 7-8 9-11 *Age division is determined by how old your child is on April 10th.
COST: Members \$50 Community participants: \$75 Sibling discount: \$10 off of second child.
Games run April 10th - May 29th. All Practices and games will be held at the Kenton County YMCA
REGISTRATION DEADLINE IS Feb 19th, 2010. THERE IS NO GUARANTEE OF PLACEMENT ON A TEAM IF YOU REGISTER AFTER THIS DATE!

Child's T-Shirt Size (circle one): Yth Sm (6-8) Yth Med (10-12) Yth Lg (14-16) Adult Sm Adult Med Adult Lg
I would like to volunteer as: _____ Coach or _____ Asst. Coach Adult Shirt Size _____
My child would like to be on the same team as: _____
10 discount on registration fee for one child for volunteer coaches

Waiver: I hereby certify that my child is in good health and capable of safely participating in Kenton County YMCA Youth Sports Program. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize Kenton County YMCA to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached. I support the Kenton County YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.
Parent/Guardian Signature _____ Date: _____

United Way Reporting Purposes ONLY: (THIS PROGRAM IS PARTIALLY FUNDED THROUGH UNITED WAY DOLLARS. TO HELP US IN OUR REPORTING WE REQUEST THE FOLLOWING INFORMATION. IT WILL BE KEPT CONFIDENTIAL)
Participant's Race: ___ White/Caucasian ___ Black/ African-American ___ Asian ___ Multi-Racial ___ American Indian
Household Income: ___ \$0-\$9,999 ___ \$10,000-\$14,999 ___ \$15,000-\$24,999 ___ \$25,000-\$35,000 ___ \$35,000+
___ Appalachian ___ Hispanic
Parent/Guardian Place of Employment: _____

Campbell County YMCA
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