



THE WENDELL P. CLARK MEMORIAL YMCA SPRING YOUTH SOCCER LEAGUE Registration Form

For boys and girls ages 5-13.

Emphasize fun!!! Skill development, Team play, and Equal participation. League will be separated by age level. For more information call the YMCA at 978–297–9622 or check us out on line at www.clarkymca.org.

Register at the YMCA or Online!

- League Begins: <u>March 31st</u>
- Game Days: Saturdays between 9am—2pm
- Practices: 30–60 minutes each week (days vary)

Coach Assistant Coach

- Location: Clark YMCA Robinson-Broadhurst Field House
- Price: \$50 Members; \$100 Non-Member



Name		_Male	Female	_
Address			Zip	_
D.O.B				
School	Grade	Age		
Soccer Experience (Check one)Beginner Special Health Needs/Special Requests:	Some experience Interm	ediate # Yo	ears Played	-
Shirt Size Required : Youth SMLXL; Adult SMLXL	Team played on last season			-
Parent/Guardian Name	Home/Cell #	#()		_
Parent / Guardian E-mail Address		*(Required as a	all correspondence will be through ema	il)
Emergency Contact	AGREEMENT and capable of safe participation in the f this program. I hereby authorize the Cl	youth sports p lark Memorial Y	rogram. I assume MCA to obtain	-
medical treatment for my child in the event that pa 2. I support YMCA Youth Sports Philosophy, which development, teamwork, fair play, family involvem	is based on participation, fun, physica			

3. I am willing to participate as a VOLUNTEER in support of this program as a:

Other