



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parents and Guardians,

We are so glad you will be joining us for our Pre-K Fall Soccer Program for children 3 and 4 years olds.

All drills/games will take place between the hours of 9:00 a.m. and 12:00 p.m. on Saturday mornings beginning Saturday, September 16, 2017 and ending Saturday, October 21, 2017 (with the last two weekends in October as make-up dates). Our Youth Soccer program will run 40-45 minutes each Saturday.

Your child may wear any solid colored shorts or pants. Shin guards are recommended, but cleats are not required. We will supply team t-shirts. A parent or guardian **MUST** stay with their child at all times.

In the event that we must cancel a drill session/game due to weather, you will be notified between and 8:00a.m. – 8:30am. on Saturday morning. We will not make a decision Friday evening unless it has rained already and the fields are unplayable.

We will incorporate parent volunteers for each team. As a parent volunteer you will be on the same team as your child (help 1 hr), plan and execute drills/game with your child's team, complete a volunteer training and have a completed background check on file. The generosity of others is at the core of our existence and the volunteer piece is crucial to the success and growth of our program. Please email me at brogers@ymcarockbridge.org or mark the registration form if you want to volunteer this season.

We will be sending all parents an email on Tuesday, September 12th which will include a welcome letter, schedule and team roster. Until then if you have any questions, please feel free to call or email us. We are looking forward to a great season!

BreAnne Rogers
Program Director
brogers@ymcarockbridge.org
(540) 464-9622
www.ymcarockbridge.org

Katy Barron
Soccer Coordinator

****All information about our Soccer season is shared via email. Please make sure we have your current email address on file.*****



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Pre-K Fall Soccer 2017

Please complete the following information for the program participant(s):

Child's Name (Include any nicknames)	Program (Please select)	Age	Sex	Date of Birth	Youth TShirt Size (Please circle)
	Pre-K Soccer				XS (2-4) S (4-6) M (6-8) L(10-12)
	Pre-K Soccer				XS (2-4) S (4-6) M (6-8) L(10-12)
	Pre-K Soccer				XS (2-4) S (4-6) M (6-8) L(10-12)
	Pre-K Soccer				XS (2-4) S (4-6) M (6-8) L(10-12)

Please complete the following information for the Household:

Parent's Name(s): _____ Parent's Birthday: ____/____/____

Email (One per family): _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____

Emergency Contact Name: _____ Relationship to child: _____

Phone: _____

Are You Interested In Being A Parent Coach?

As a Parent Coach you will:

- Be on the same team as your child (help 1 hour each Saturday)
 - Plan and execute drills/game with your child's team
- Complete volunteer trainings as directed by sports coordinator
 - Complete a background check

Name _____ Email _____

Phone/Cell _____

PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA), and/or YMCA OF ROANOKE VALLEY (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

All uses shall belong to YMCA of the USA and YMCA and either may share them with others;

There is no obligation of confidentiality

YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party

YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.

YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, YMCA, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Child’s Name: _____ Age: _____ Date: _____

I am the Mother/Father/Legal Guardian of the child above. For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Printed name: _____

YMCA of Roanoke Valley Online Credit and Refund Policy

No online credits or refunds will be issued once participant has registered for program.

OFFICE USE ONLY

____ Form Complete	____ Paid	_____ Receipt Number
____ Parent signed & dated form	____ Date Received	_____ Staff Initials