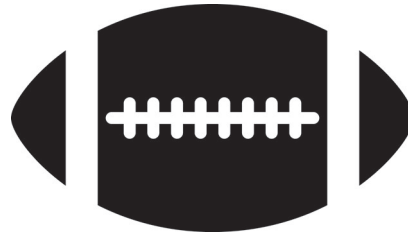




FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PLAY WITH PURPOSE



## Youth Fall Sports YMCA OF THE CAPITAL AREA

The YMCA's youth fall sports program is designed for children of various ages and stresses having fun, loving the experience and developing skills in a positive environment.

Registration begins on July 17th and ends on August 20th. Practices begin week of August 28th. Season ends October 28th.

**FEE :** Member \$50 Program Participant \$100 Late Fee: Additional \$30 after Aug 20th

### LOCATIONS AND SPORTS OFFERED :

A.C. Lewis YMCA	SOCCER AND FLAG FOOTBALL
Baranco Clark YMCA	SOCCER
C. B. Pennington Jr. YMCA	SOCCER AND FLAG FOOTBALL
Paula G. Manship YMCA	SOCCER, FLAG FOOTBALL AND CHEERLEADING
Southside YMCA	SOCCER

### CONTACTS:

A.C. Lewis YMCA	Kevin Franklin, kfranklin@ymcabr.org, 225-924-3606
Baranco Clark YMCA	Eddrick Martin, emartin@ymcabr.org, 225-344-6775
C. B. Pennington Jr. YMCA	Edwin Flores, cbpprograms@ymcabr.org, 225-272-9622
Paula G. Manship YMCA	Kerry Wilkerson, kwilkerson@ymcabr.org, 225-767-9622
Southside YMCA	Savannah LeJeune, slejeune@ymcabr.org, 225-766-2991

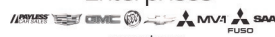
REGISTER ONLINE @

[www.ymcabr.org/sports](http://www.ymcabr.org/sports)



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**CIRCLE ONE**

SOCCER:            3-4      5-6      7-8      9-10      11-12

FLAG FOOTBALL:            5-6      7-8      9-10      11-12

CHEERLEADING:    Ages 3-12            **(PAULA G. MANSHIP YMCA ONLY)**

**THE Y RESERVES THE RIGHT TO ADJUST AGE DIVISIONS BASED ON THE NUMBER OF PARTICIPANTS IN A GIVEN AGE GROUP.**

Fee: Member \$50 / Program Participant \$100      **Late Fee: Additional \$30 after August 20th**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary E-mail Address \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Shirt Size: Circle One 4-5 XSM 6-8 SM 10-12 MD 14-16 LG AS AM AL XL XXL

If Possible, I would like my child to be Coached By \_\_\_\_\_

If Possible, I would like my child to Play with \_\_\_\_\_

Are You Interested in being a Volunteer Coach? If so, Head Coach \_\_\_\_\_ OR Assistant Coach \_\_\_\_\_

Volunteer's Name \_\_\_\_\_ Volunteer's Phone Number \_\_\_\_\_

Volunteer's Email Address \_\_\_\_\_ Volunteer's Shirt Size \_\_\_\_\_

**Age Requirements:** Players must be the appropriate age before/on **September 1st 2017**. A child may play up one division if they are turning the next age within the current league dates.

**Refund Policy:** Registration fees are non-refundable after the registration deadline. No Refund will be given for unmet requests for coach, team/teammate, or conflicts with practice and game sites or times. All qualifying refunds are subject to a \$25 administration fee.

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose my child to risk of injury. I agree to hold the YMCA harmless from any claims that may occur through participation to any property or injury to persons, which may occur through the participation in any activity at the YMCA, or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for my child to an appropriate facility for treatment. I assume all financial responsibility for program fees incurred as result of my child participating in this YMCA program. I authorize the YMCA to use any images taken of my child for promotional purposes of the YMCA. My child's family members will adhere to YMCA Good Sportsmanship behavior. I have read and understood the above information. My child has permission to participate in this YMCA program in accordance with the conditions set forth above.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_