



Armstrong County YMCA Spring Soccer



Age Group (please circle) 4-5 6-7 8-9 10-12

Age as of September 1 _____

Child's Name _____

Emergency Contact _____

Address _____

City _____ Zip _____

Phone _____ Cell (optional) _____

E-mail (optional) _____

Allergies or Medical Conditions _____

Shirt Size (circle) YM YL AS AM AL AXL

Waiver: In acceptance of the registration, I hereby release the Armstrong County YMCA and any of its representatives involved in this league from any and all contentions or claims of damages or injuries suffered by me or my child as a result of my child's participation in this league.

Signature of Parent/Guardian _____

****Coaches Meeting: Tuesday, March 23rd @ 6:30PM at the YMCA.*
Questions or to volunteer coach, contact JP Katich at 724-545-9622.***

Registration: January 25th – March 13th

**There will be a waiting list after the March 13th deadline.
IF SPACE IS AVAILABLE participants may be placed on a team.**

Fee: Member \$20 Non-Member \$35

**Form and fee may be mailed to: Armstrong County YMCA
138 North Water Street
Kittanning, PA. 16201**

