



**Summerville Catholic Regional School
Fall 2019 CO-ED
YMCA Soccer Registration Form
Deadline August 23rd**

The registration is for playing on a Summerville Catholic team in the YMCA league. All checks should be made payable to SCS-sports. All payments must be made at time of registration, if billed via FACTS, payments must be paid prior to the season starting. If payments are not received prior to the season starting, the student athlete will not be able to participate until paid. All SCS students, children of our five parishes may participate. August 1st 2019 is what is used to determine what division you child should play in, for example if your child turns 8 before August 1st, he/she will play in the U10 division, if he/she turns 8 after August 1st, he/she will play in the U8 division.

___ **U6 YMCA Cost: \$115 Non YMCA/ YMCA \$85 cannot turn 6 on or before August 1st**
(Uniform sizes: YS, YM, YL, AS, AM, AL, AXL)

___ **U8 YMCA Cost: \$115 Non YMCA/ YMCA \$85 cannot turn 8 on or before August 1st**
(Uniform size: YS, YM, YL, AS, AM, AL, AXL)

___ **U10 YMCA Cost: \$115 Non YMCA/ YMCA \$85 cannot turn 10 on or before August 1st**
(Uniform size: YS, YM, YL, AS, AM, AL, AXL)

___ **U12 YMCA Cost: \$115 Non YMCA/ YMCA \$85 cannot turn 12 on or before August 1st**
(Uniform size: YS, YM, YL, AS, AM, AL, AXL)

___ **U14 YMCA Cost: \$115 Non YMCA/YMCA \$85 cannot turn 14 on or before August 1st**
(Uniform size: YS, YM, YL, AS, AM, AL, AXL)

Sponsorship: If you interested in sponsoring one of our soccer teams please contact the Athletic Director, Jean Fox at the school 873-9310 ext. 109 or via email jfox@summervillecatholic.org

Company's Name: _____ **Contact Information:** _____

Player's Information: Please print clearly!

Name: _____ Grade: _____ Age: _____ (As of August 1, 2019)

DOB: _____ Address: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Parent/Guardian's Name: _____

Medical: List any concerns _____

PARENTS AUTHORIZATION

I, the parent/guardian of the above named child, hereby give approval to his/her participation in any or all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities and do hereby waive, release, absolve, indemnify to hold harmless the parent, local league organization, the school, the organizers, supervisors, participants and persons transporting my child to/from activities for any claim arising out of an injury to him/her except to the extent and in the amount covered by accident or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities or at other times while neither parent is available to grant authorization for emergency treatment.

Participation in SCS athletics is governed by all rules and policies of the SCS student handbook.

Parent(s)/Guardian(s) signature: _____

Parent(s)/Guardian(s) Name (printed): _____