



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Adult Summer Soccer

Ages: 14 and older

About the Program

This league boasts great opportunities for players to enjoy our soccer community while playing primarily on Tuesday evenings. Players in this league will continue to hone their soccer skills in matches filled with fancy foot work, deft passing, and lots of scoring, while enjoying the friendly camaraderie at the Baker Sports Complex A Springboard Tournament will take place on June 4th. The first 36 players to register will play in this tournament. This event helps us evaluate players and assign teams.

Program Dates

June 11-August 6th, 2019

Registration:

Now through May 28th, 2019

Days and Times

All games will be played at the Baker Sports Complex on Tuesdays @ 6:15-7:45 PM. July 30th is excluded and games will end on August 8th

Additional Information

- Team shirt included with fee.
- Cleats and Shin Guards needed.
- Players must not wear jewelry.
- Minimum 18 registrants to play.

Fees

Members: \$45

Program Participants: \$65

Need Financial Assistance?

Financial assistance applications available at the YMCA Welcome Center





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ADULT SOCCER REGISTRATION

P-R-I-N-T NEATLY

Participant's Name _____
(first) (last)

Birth Date ___/___/___ Age _____ Male Female

Address _____

City _____ State _____ Zip Code _____ Phone # _____

E-Mail: _____

Parent / Legal Guardian _____ Home # _____ Cell# _____

EMERGENCY CONTACT (other than Parent/Guardian)

Name _____ Home # _____ Cell # _____

ADULT SOCCER WILL BE HELD AT THE BAKER SPORTS COMPLEX
AGES: 14 and older.
FEES Y Member: \$45.00 Program Participant: \$65.00
Minimum 18 registrants to play.

The Baker County YMCA will not deny participation in any of its programs because of an individual's inability to pay the full program fee. Contact the YMCA Fitness Center, 3715 Pocahontas, Monday through Friday for information regarding limited, Financial Aid Applications should be turned in *at least two weeks* before the sign-up deadline.

WAIVER and AUTHORIZATION. On behalf of my child: I certify that my child is in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities, however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for my child. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my child's participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damages and for any claims or causes of action arising from my child's participation in the program. I give permission for media to taken of my child(ren) to be used for YMCA promotional purposes.

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING

Parent / Legal Guardian Signature Date

<p>BRING COMPLETED FORM AND FEE TO: Sam-O-Swim Center 580 Baker St. Baker City, OR 97814 OR Baker County YMCA (541)523-8328 3715 Pocahontas Rd. Baker City, OR 97814 (541)523-9622</p>	<p>FOR OFFICE USE Amount Paid \$ _____ Receipt # _____ Date _____</p>
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