



LIGONIER VALLEY YMCA

Youth Soccer Information Form

Player's Name: _____

Age Group: _____

Email: _____

Phone Number: _____

Shirt Size: Adult S M L / Youth S M L (Circle One)

Any Medications or Allergies:

Would you be interested in volunteering? ____: Yes ____: No

I hereby certify that my child is in normal health and capable of safe participation in the Ligonier Valley YMCA Soccer program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby authorize the Ligonier Valley YMCA, or a YMCA coach to obtain medical treatment for my child in the event that my emergency contact or I cannot be reached.

I support the Ligonier Youth Sports Philosophy, which is based on Participation, Sportsmanship, Skill development, Fitness, Friends, Family Involvement and Fun!

Parent/Guardian Signature

Date