

# Futsal (Indoor Soccer) 2010

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Sex: M F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
**Skill Level:** Beginner Intermediate Advanced **Years Played:** \_\_\_\_\_  
 Has Child ever played Club and/or All-Star Soccer? In the Past  Currently  Years Played: \_\_\_\_\_  
 Additional Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Sex: M F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
**Skill Level:** Beginner Intermediate Advanced **Years Played:** \_\_\_\_\_  
 Has Child ever played Club and/or All-Star Soccer? In the Past  Currently  Years Played: \_\_\_\_\_  
 Parents how can you help us? Asst. Coach Coach Team Parent Sponsor  
 Primary Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Guardian Home Phone# \_\_\_\_\_ Business/Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Secondary Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Secondary Guardian Home Phone# \_\_\_\_\_ Business/Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Special Request (not guaranteed) \_\_\_\_\_

## 2010 SLO Futsal (Indoor Soccer) Fees

Please return this form & your payment to: SLO County YMCA, Attn: Administration Team, 1020 Southwood Dr., San Luis Obispo, CA 93401

Fees	Quantity	Total
<b>2010 SLO Futsal (Indoor Soccer) Fee, \$65 per child (required)</b> Members will receive: T-shirt and award. <b>***\$10 late fee as of February 21<sup>st</sup>. Increases to \$80 w/ PAYS, \$75 w/out PAYS***</b> Refunds: There is a \$30 fee for all cancellations, NO refunds will be given once practices commence.		<b>\$65</b> After February 21 <sup>st</sup> <b>\$75</b>
<b>PAYS- Parent Association for Youth Sports. *One time fee, per family.*</b>		<b>\$5</b> Only if first time
<b>Sponsorship/ Donation Opportunities</b> (if interested in sponsorship include business name) Business Name on back of T-shirt, Sponsorship covers the season - \$200 <input type="checkbox"/> or Other Amount _____ <input type="checkbox"/>		
<b>SLO Futsal (Indoor Soccer) T-shirts</b> Child #1 Size: Child S Child M Child L Adult S Adult M Adult L Child #2 Size: Child S Child M Child L Adult S Adult M Adult L		
<b>Total Cost</b>		

## SLO County YMCA Release of Liability Agreement (must be signed)

In consideration of being permitted to participate in any sport or activity sponsored by the YMCA, the undersigned hereby acknowledges and agrees to the following:

1. The undersigned acknowledges that the risk of injury and/or death from the activity and/or event in which the undersigned is entering is significant, despite all precautions. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to his or her participation in this program, regardless of cause.
  2. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND FOREVER DISCHARGES THE SAN LUIS OBISPO COUNTY YMCA, employees and any and all other sponsoring or cosponsoring agencies, companies of individuals, their directors, officers, employees, volunteers, representatives and/or agents (herein referred to as "Releasees") from any and all liability to the undersigned or their heirs, assigns or next of kin for any loss or damage or any claim or demand therefore on account of injury to the person or property or resulting in death to the undersigned, whether caused by the sole and exclusive negligence of the Releasees or otherwise, while the undersigned is participating in or preparing to participate in this event.
  3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Release and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the premises of the Releasees, or due to the involvement of the undersigned in any of these events.
  4. The undersigned consents to allow the YMCA employees to seek medical treatment on their child, which may be deemed necessary and understands that the undersigned is solely responsible for any and all costs incurred, including medical transportation.
  5. The undersigned consents and authorizes in advance the use of his or her name in any pictures, broadcasts, telecasts, advertising or promotion of this event.
- THE UNDERSIGNED HEREBY EXPRESSLY ACKNOWLEDGES THAT THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND ALLOWS THE YMCA TO ANY PICTURES TAKEN OF ME OR MY CHILD DURING THE COURSE OF THIS PROGRAM.

Primary Guardian Name (Please Print) \_\_\_\_\_ Phone \_\_\_\_\_

Primary Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Please list any medical concerns or limitations: \_\_\_\_\_