



# FARHA SPORT CENTER 5V5 INDOOR SOCCER (FUT-SAL) LEAGUES

We build strong kids, strong families, strong communities. Visit [www.ymcawichita.org](http://www.ymcawichita.org).

Age Divisions:  U6  U7  U8  U9  U10  U11  U12  U13  U14  U15  U16  U17  U18

Program:  Boys  Girls

Season:  Fall (10/27/08 – 12/20/08)

Coach's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- Birth date cut off: 8/1
- Minimum seven (7) players to a team.
- A participant waiver (see below) must be completed and signed for each player. These waivers must accompany team registration.
- Full team payment must accompany rosters for registration to be complete.
- Deadline to Register 10/17. All player memberships must be valid through the end of league play.

Mail complete registration, waivers and payment to:  
FSC - YMCA Fut-sal Leagues  
3405 S. Meridian  
Wichita, KS 67207

	Name	Address	Phone	DOB	Cost M/CP*	FA**
1					\$50 / \$75	Y / N
2					\$50 / \$75	Y / N
3					\$50 / \$75	Y / N
4					\$50 / \$75	Y / N
5					\$50 / \$75	Y / N
6					\$50 / \$75	Y / N
7					\$50 / \$75	Y / N
8					\$50 / \$75	Y / N
9					\$50 / \$75	Y / N
10					\$50 / \$75	Y / N
11					\$50 / \$75	Y / N
12					\$50 / \$75	Y / N

\* M = YMCA Member CP = Community Participant

\*\* Indicate if players are requesting financial assistance (Financial Assistance available call for information.)

Cut here and return this portion to your coach to be turned in with team registration.

## PARTICIPANT WAIVER

Completed waiver must be filled out for each player on the team and returned with team's registration and payment.

Participant Name: \_\_\_\_\_ Email Contact for Family: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

Parent/Guardian 1 name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent/Guardian 2 name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### PARTICIPATION RELEASE – ONE FORM PER PLAYER

I release the Greater Wichita YMCA, its coaches and officials from all claims of injury which may be sustained by above child while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care. I also agree to follow the Greater Wichita YMCA sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named participant in its promotional/educational materials.

\_\_\_\_\_  
Player's Parent/Guardian Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date \_\_\_\_\_ Amt Due \_\_\_\_\_

Payment Method  Visa  
 MasterCard  
 Check

Staff Name \_\_\_\_\_