



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Little Kicks

Ages 3-5



**The program will take place at the YMCA
from 5:30-6:00pm on August 15th,
22nd, and 29th**

**Register through August 11th at the Y
Or online at ymcadeskalb.org
\$10 registration fee.**

The 3 week program is designed to help expose kids and parents to soccer and to foster the parent/child relationship through sports. The program is open to ages 3-5. The program will focus on introduction and basic soccer skills.

Parent/ or guardian required to stay and participate with the child.

Please contact Zack Peters at z.peters@ymcadeskalb.org or 260-925-9622 with any questions

Player's Name _____ Date of Birth _____
Parent's Name _____ Mailing Address: _____
City _____ State _____ Zip _____ Phone(_____) _____
Email _____
Emergency contact:
(Name) _____ (Phone #) _____
(Relationship to child) _____

I, the parent/guardian of the registrant, a minor, will abide by the rules of the YMCA DeKalb County, Inc. Recognizing the possibilities of physical injury associated with sports, I hereby release, discharge and otherwise indemnify the YMCA of DeKalb County, Inc, affiliated organizations and sponsors, their employees, and associated personnel, including owners of fields and facilities utilized for the programs, referees and coaches, against any claim by or on behalf of the registrant and/or parent/guardian as a result of the registrant participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also state that I am the legal parent/guardian and that there is no one else whose signature is required by law for this release to effect for the registrant's parents/guardians, or anyone associated with the minor or the YMCA DeKalb County or its affiliates.

Parent/Legal Guardian Signature _____ Date _____