



AUSL Auburn United Soccer League Spring 2012

The YMCA of DeKalb County, Inc., Auburn Parks and Recreation Department and the All-Star Soccer Academy has begun spring soccer registrations. Youth between the ages 4-12 will learn the game of soccer, build self-esteem, learn teamwork and have fun. Game play will begin on Saturday, April 28th Games will be held at the North Street YMCA. Participants will receive a team shirt and a participation certificate at the end of the season.

Register now at any YMCA of DeKalb County facility
Main Street Branch North Street Branch
310 North Main Street 533 North Street
Auburn, IN 46706 Auburn, IN 46706
(260)925-9622 or www.ymcadekalb.org

Cost will be \$25 for YMCA Members or \$30 for Non-YMCA Members

- Registration deadline is April 6th at the close of business.
- Absolutely, no new registrations will be accepted after the close of business on April 6th.

AUSL Volunteer Soccer Coaches Info

- Coaches Meeting on April 12th, 6:00pm North Street Y
- Roster and Tee Shirt Pickup on April 23rd.
- First Practice Available on April 16th.
- First Game April 28th.

Coaches should register their intent to volunteer before March 23rd by phone or email – j.mccord@ymcadekalb.org



YMCA of DeKalb County, Inc.

AUSL Soccer Registration Form

Today's Date: _____

Child and Family Information:

Child's name: _____ Age: _____ Grade : _____ (as of April 1st)

Name child is called: _____ Birth date: _____ M / F

Child's address: _____

Child's phone: _____ Shirt Size: YXS YS YM YL AS AM AL AXL AXXL

Medical restrictions or conditions: _____

Allergies: _____

Other comments about your child: _____

Mother's Name: _____ **Father's Name:** _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

I would be interested in volunteering my time with the AUSL Soccer program as a coach: ___No ___ Yes,

Contact Name: _____

Emergency Phone Numbers:

(Name)	(Phone and/or cell #)	(Relationship to child)

Participant Waiver

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of DeKalb County for any non-profit purpose, including, but not limited to observation or use of facilities of equipment, or participation in any off-site program affiliated with or personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA of DeKalb County for observation or use of any facilities or equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA of DeKalb County FOR ANY NON-PROFIT PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, PARTIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA of DeKalb County, OR USE OF FACILITIES AND EQUIPMENT MANAGED BY THE YMCA of DeKalb County, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS AND RELEASE the YMCA of DeKalb County, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, cost and expenses, may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned using and facilities or equipment of the YMCA of DeKalb County or managed by the YMCA of DeKalb County THE UNDERSIGNED further agrees that the foregoing INDEMNITY AGREEMENT and GUEST RELEASE is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE IMDEMNITY AGREEMENT and GUEST RELEASE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name _____ Date _____

Parent/Guardian Signature _____ **Relationship** _____ **Date** _____

***Coach and Friend Request will no longer be honored. All youth will be assessed by YMCA volunteers and placed on appropriate teams based on individual skill level.**

Registration Fee Paid (Date) _____ Member / Program / Participant