



# LOYA FAMILY YMCA SPRING SOCCER

Where: Loya Family YMCA of El Paso  
2044 Trawood  
El Paso, TX 79936

**No Refunds will be allowed after schedule is posted.**

What: In Partnership with the Miracle League of El Paso  
Special Olympics Rules  
Soccer: ages 3-5, 6-10, 11-15, 16-20 and older adult.  
Teams consist of ten players each



When: Registration begins March 9, 2015, games begin in March 30  
Need coaches, volunteers and players  
All games will be played at the Loya Family YMCA 2044 Trawood

Practice will be determined by team coaches

**Registration is first come first served. Once a team fills up with the maximum number of players on the roster, registration is closed for that team.**

Games played Saturday mornings  
Cost: \$30 per player to include eight games, and referee fees

Season Dates: April –May 2015

Registration: Begins Monday, March 9, 2015, Parent meeting March 28 at the Loya Family Y time to be announced.  
All Registration will be done at the Miracle League field or on the Miracle League’s web site  
<http://www.miracleleagueofelpaso.org>

Registration Deadline: March 27, 2015

Registration after deadline is based on availability.

*Need coaches for all age levels*

### Spring Soccer Registration Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

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

Best Contact Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Shirt Size: YS YM YL YXL AS AM AL AXL Circle One

I would like to be a: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

**Release of Liability/ Assumption of Risk:** The undersigned participant or parent/guardian, in consideration of participation in the program activities indicated on this form, agree to indemnify and hold harmless the YMCA of El Paso, Miracle League of El Paso, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, name herein, arising out of, or, in any way connected with the program or activity indicated and assumes the risk for such injury or illness. I also authorize the use of any photographic image of the participant, herein, taken during program or activity for use in any YMCA of El Paso or Miracle League of El Paso publication.  
I further agree to abide by all of the YMCA of El Paso and Miracle League of El Paso’s policies and procedures.

Print Parent’s Name: \_\_\_\_\_ Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Player’s name \_\_\_\_\_ Player’s Signature \_\_\_\_\_

OFFICE USE ONLY

Youth CO-ED Soccer \_\_\_\_ 3-5 years \_\_\_\_ 6-10 years \_\_\_\_ 11-15 years \_\_\_\_ 16-20 years \_\_\_\_

Adult Team \_\_\_\_\_