



**FUTSAL SOCCER  
TEAM ROSTER  
WINTER 2019**

<b>Team Name:</b>	<b>Age Group:</b>
<b>Coach:</b>	<b>Phone:</b>
<b>Address:</b>	
<b>Email:</b>	

<b>Player Names:</b>
1
2
3
4
5
6
7
8
9
10

\*Maximum number of players is 10

Team Registration process:

1. Coach/Team Manager, must fill out team roster with all players' names.
2. Each individual player must have a parent or guardian fill out and sign an individual registration form.
3. All forms must be turned in with payment at the time of registration.

*\*Coach/Team Manager is responsible for collecting each team member's portion of team fee*

**Team Fees:**

- U14 - \$650.00
- U16 - \$650.00
- U19 - \$650.00

**Waiver:** In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, and or persons connected with the Decatur Family YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event or program. I further state that my child and/or teammates are in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program which he /she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child and/or teammates fitness to participate in such event/program.

Signature: \_\_\_\_\_

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

<b>For Office use Only:</b>			
Receipt#	Amount Paid:	Balance:	Initials:





## FUTSAL SOCCER 2019 Individual Team Player Registration

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, #404-377-9622, www.ddysoccer.org.

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: F M Age \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

AGE GROUP (birth year): \_\_\_\_\_

### **Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

### **Video & Photography Release:**

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

***I have read and understand all of the policies listed above.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





## FUTSAL SOCCER 2019 Individual Team Player Registration

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, #404-377-9622, [www.ddysoccer.org](http://www.ddysoccer.org).

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: F M Age \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

AGE GROUP (birth year): \_\_\_\_\_

### **Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

### **Video & Photography Release:**

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

***I have read and understand all of the policies listed above.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





## FUTSAL SOCCER 2019 Individual Team Player Registration

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, #404-377-9622, www.ddysoccer.org.

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: F M Age \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

AGE GROUP (birth year): \_\_\_\_\_

**Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

**Video & Photography Release:**

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

***I have read and understand all of the policies listed above.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_







## FUTSAL SOCCER 2019 Individual Team Player Registration

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, #404-377-9622, www.ddysoccer.org.

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: F M Age \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

AGE GROUP (birth year): \_\_\_\_\_

### **Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

### **Video & Photography Release:**

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

***I have read and understand all of the policies listed above.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





## FUTSAL SOCCER 2019 Individual Team Player Registration

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, #404-377-9622, www.ddysoccer.org.

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: F M Age \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

AGE GROUP (birth year): \_\_\_\_\_

### **Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

### **Video & Photography Release:**

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

***I have read and understand all of the policies listed above.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





## FUTSAL SOCCER 2019 Individual Team Player Registration

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, #404-377-9622, [www.ddysoccer.org](http://www.ddysoccer.org).

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: F M Age \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

AGE GROUP (birth year): \_\_\_\_\_

### **Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

### **Video & Photography Release:**

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

***I have read and understand all of the policies listed above.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





## FUTSAL SOCCER 2019 Individual Team Player Registration

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, #404-377-9622, [www.ddysoccer.org](http://www.ddysoccer.org).

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: F M Age \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

AGE GROUP (birth year): \_\_\_\_\_

### **Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

### **Video & Photography Release:**

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

***I have read and understand all of the policies listed above.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_







## FUTSAL SOCCER 2019 Individual Team Player Registration

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, #404-377-9622, [www.ddysoccer.org](http://www.ddysoccer.org).

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: F M Age \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

AGE GROUP (birth year): \_\_\_\_\_

### **Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

### **Video & Photography Release:**

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

***I have read and understand all of the policies listed above.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





## FUTSAL SOCCER 2019 Individual Team Player Registration

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, #404-377-9622, [www.ddysoccer.org](http://www.ddysoccer.org).

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: F M Age \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

AGE GROUP (birth year): \_\_\_\_\_

### **Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

### **Video & Photography Release:**

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

***I have read and understand all of the policies listed above.***

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_





## FUTSAL SOCCER 2019 Individual Team Player Registration

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, #404-377-9622, [www.ddysoccer.org](http://www.ddysoccer.org).

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: F M Age \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

AGE GROUP (birth year): \_\_\_\_\_

### **Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

### **Video & Photography Release:**

I understand that my child's video/photograph(S) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

***I have read and understand all of the policies listed above.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

