



SOCCER

YMCA YOUTH SPORTS DRAFT CARD

Child's Name: _____

Parent/Guardian Name: _____

Cell Phone: _____ Home Phone: _____

Age: _____ Gender: Male Female

Would you like to coach or assist? Yes No

Coordinate practice with a sibling? Yes No

Preferred Practice Day: Tues Wed Thurs

Email*: _____

*Please print legibly as email communication WILL be used to notify you about practices, games, snacks and season updates.