

## NAS SIGONELLA YOUTH SPORTS AND FITNESS

### SUPPLEMENTAL INFORMATION FORM—SOCCER (Aug – Oct)

Parent Information		
<b>Parent Name(s):</b>	<b>Email(s):</b>	<b>What's App:</b>
<b>Volunteer information:</b> (For League Sports)		
<input type="checkbox"/> I am interested in being a head coach <input type="checkbox"/> I am interested in becoming a soccer official for games		<input type="checkbox"/> I am interested in being an assistant coach <input type="checkbox"/> I am not interested / able to coach
<b>Age Division</b> <small>*Subject to Change*</small> <input type="checkbox"/> U6 (Ages 5-6) <input type="checkbox"/> U8 (Ages 7-8) <input type="checkbox"/> U11 (Ages 9-11) <input type="checkbox"/> U15 (Ages 12-15) <input type="checkbox"/> U18 (Ages 15-18)	<b>Practice Days</b> <small>*Subject to Change*</small> <input type="checkbox"/> Mondays / Wednesdays <input type="checkbox"/> Tuesdays / Thursdays <input type="checkbox"/> Wednesday / Fridays <input type="checkbox"/> No Preference	<b>Practice Times</b> <small>*Practices are 45 minutes for U6 and 60 minutes U8. Practices for U11 may be between 60-90 minutes. Practices for U15 and U18 will be 90 minutes.</small> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1600-1700  <input type="checkbox"/> 1700-1800  <input type="checkbox"/> 1800-1900         </div> <div> <input type="checkbox"/> 1630-1730  <input type="checkbox"/> 1730-1830  <input type="checkbox"/> 1830-1930         </div> </div>
<b>Comments:</b>		<b>T-Shirt Size:</b>

\*\*\*Requests and Preferences are not guaranteed and will be accommodated if available. \*\*\*

Youth Information 1 <sup>st</sup> Youth						
Youth Name:	Youth Age:	Years of Experience / Position:	Jersey Size:	Short Size:	Practice Day Preference:	Comments:
			(YXS, YS, YM, YL, AS, AM, AL, AXL, A2XL)		<input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tue/Thurs <input type="checkbox"/> No Pref.	
Youth Information 2 <sup>nd</sup> Youth						
Youth Name:	Youth Age:	Years of Experience / Position:	Jersey Size:	Short Size:	Practice Day Preference:	Comments:
			(YXS, YS, YM, YL, AS, AM, AL, AXL, A2XL)		<input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tue/Thurs <input type="checkbox"/> No Pref.	
Youth Information 3 <sup>rd</sup> Youth						
Youth Name:	Youth Age:	Years of Experience / Position:	Jersey Size:	Short Size:	Practice Day Preference:	Comments:
			(YXS, YS, YM, YL, AS, AM, AL, AXL, A2XL)		<input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tue/Thurs <input type="checkbox"/> No Pref.	
Youth Information 4 <sup>th</sup> Youth						
Youth Name:	Youth Age:	Years of Experience / Position:	Jersey Size:	Short Size:	Practice Day Preference:	Comments:
			(YXS, YS, YM, YL, AS, AM, AL, AXL, A2XL)		<input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tue/Thurs <input type="checkbox"/> No Pref.	

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**For Internal Use Only:**

Received On:	Processed By:	Confirm NAYS in CYMS:	Payment Received: