

SPRING SOCCER 2012



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Program Information

- **Fees:** Members \$50 Non-Members \$70
Head Coaches receive \$10 off registration until coaching spots are filled.
**(Coaches must attend Coaches Clinic and complete season for reimbursement)*
- **\$15 Late Fee (After March 4)**
Registration: Ends March 4
- **COACHES CLINIC: March 10th at 10am**
- **Season runs:** March 24 to May 12
Each team will practice one night a week through the season
- Practices will begin the week of March 12
Practices will take place during the weeknights at either 5:30, 6:30, or 7:30
- Parents will receive a phone call about team/practice information after the March 10 from the Head coach
- Games will begin on Saturday March 24, 2012
- The Y will provide a team shirt for each player

UNION COUNTY FAMILY YMCA

2012 Spring Soccer

1150 Charles Ln.

Marysville, OH 43040

Phone: 578-4250

Sports Coordinator: Scott Alleman

Email: salleman@unioncountyyymca.org

Coaches, Asst. Coaches, and Sponsors
Special Requests Are Met First

3-5 Year olds K-1st Grade
2nd-4th Grade 5th-7th Grade

SPONSOR A TEAM!

The YMCA offers multiples levels of team sponsorships.
Sport your business on team shirts all season.

Child's Name _____ Gender _____ Age _____ Birthdate _____
Circle the correct age group 3-5 Years old K-1st Grade 2nd-4th Grade 5th-7th Grade

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Primary Phone _____

Emergency Contact _____ Phone _____

Special Request _____ Years Exp _____

Preferred Practice Night (please circle 2 nights) Monday Tuesday Wednesday Thursday
The Union County Family YMCA cannot guarantee parents/players their preferred practice nights.

Please circle proper T-Shirt Size: YS YM YL AS AM AL

1. I hereby certify that my child in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and will provide transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.
2. I support the YMCA youth sports philosophy, which is bases on participation, fun physical fitness, health, and leadership
3. I give permission for my child to be photographed or videotaped for in house use, newspaper, television, or any other form of media. Please Circle One: YES OR NO

Parent/Guardian Signature _____ Email _____

HEAD COACH

ASST. COACH

REFEREE

SPONSORSHIP

Name _____ Email _____ Shirt Size _____