Owen County Family YMCA Youth Soccer



Co-Ed Ages 3-14 Register Now – March 28th \$55 Members \$65 Non-Members

Evaluations held Saturday, March 26th (times below)

Age:	5-6	7-9	10-14	
Time:	9:30-10:00	10:00-10:30	10:30-11:00	





Weekly practices for ages 5-14 will start Tuesday, March 29th <u>OR</u> Thursday, March 31st

Practice/Scrimmage for ages 3-4 will be held on Mondays. Starting Monday, April 4th and ending May 16th

Fundamental Skills Clinic April 2nd (ages 5-9)

Ages 5-14 season will start Saturday, April 9th and end May 21st

Teams will practice <u>one night per week</u>, Tuesday <u>OR</u> Thursday (ages 5-14) at MCES.

All games will be held on Saturday.

All practices and games are held at McCormick's Creek Elementary School.

For weather related cancellations please check our Y website at www.owencountyymca.org, Facebook page or call the facility at (812)828-9622

All cancelled games will be made-up.

League Breakdown by Age

Age on 6/1/15

3 - 4

7-9

10-14

*Age groups may be combined or divided based on final registration

5-6

Youth Soccer Registration Spring 2016

Child's Name		Gender	DOB	Age	Grade
Address		City		Zip	
Guardian #1 Name		Cell	/Home#		DOB
Guardian #2 Name	_	Cell	/Home#	_	DOB
Email			Played la	ast season: Y	N
Medical Info:					
Shirt Size (circle	one) YS YM	I YL AS	AM AL A	XL	
Count me as a volunteer coach: (** *One dependent					
Count on me as a sponsor: # of te	ams Busi	ness Name:_			

For any additional questions or if you would like to volunteer coach or sponsor a team please contact the YMCA at (812) 828-9622 or email at sports@owencountvymca.org

I hereby grant the YMCA or its agent's permission to transport my child in the event of an emergency when I am unable to be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity at the YMCA or its programs. I have notified the YMCA of any medical condition or prescription drug use or allergy which may affect my child's participation, and will update that information as necessary. I have read and understand the above information. My child has permission to participate in this YMCA Youth Sports program with conditions set forth.

Parent Signature	Date
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