

Owen County Family YMCA Youth Soccer



Co-Ed Ages 3-14 Register Now – March 28th

\$45 Members \$55 Non-Members

Evaluations held Saturday, March 28th (times below)

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

*Evaluations will **NOT** be held for 3-4



Weekly practices for ages 5-14 will start Tuesday, March 31st **OR** Thursday, April 2nd

A total of 8 practices for ages 3-4 will start Monday, March 30th

Fundamental Skills Clinic April 4th (ages 5-14)

A total of 7 games will be played starting Saturday, April 11th (ages 5-14)

Teams will practice **one night per week**, Monday (ages 3-4), Tuesday **OR** Thursday (ages 5-14)

All games will be held on Saturday

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

*Participants in the 3-4 age group will practice & play Monday only

For weather related cancellations please check our Y website at www.owencountvymca.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 5-6 7-9 10-14

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

Youth Soccer Registration Spring 2015

Child's Name _____ Gender _____ DOB _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Guardian #1 Name _____ Cell/Home# _____ DOB _____

Guardian #2 Name _____ Cell/Home# _____ DOB _____

Email _____ Played last season: Y N

Medical Info: _____

Shirt Size (circle one) YS YM YL AS AM AL AXL

Count me as a volunteer coach: (Your Name): _____

**One dependent child per volunteer coach will play at no charge*

Count on me as a sponsor: # of teams _____ Business 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 _____