

Owen County Family YMCA Youth Soccer



Co-Ed Ages 3-14 Register Now – March 18th
\$55 Members \$65 Non-Members



Games will be played on Saturdays.
Practices will be held on Tuesdays and Thursdays.

Practices for ages 5-14 will start week of March 26th
Games will begin April 7th for ages 5-14
3-4 Age group will start April 3rd.

Teams will practice **Tuesdays and Thursdays** at MCES.
All games will be played Saturdays.

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

For weather related cancellations please check our Y website at www.owencountnymca.org,
Facebook page, call the sportsline (812)828-9329 or email info@owencountnymca.org
All cancelled games will be made-up.

League games will be held on Saturdays.

10-14 age group 10:00-11:00 5-6 age group 12:00-12:30 7-9 age group 11:00-11:45

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

Age on 4/1/17

Youth Soccer Registration Spring 2018

Child's Name _____ Gender _____ DOB _____ Age _____

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, fee \$100. 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@owencountnymca.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 _____