

Y-SOCCER™

We build strong kids, strong families, strong communities.



**EVERYONE PLAYS
EVERYONE WINS**

League Dates:

Registration Dates: July 19th-August 29th
Season Dates: September 6th-October 23rd

Soccer Clinic: Sat. August 14th

Ages 3-6: 10am-11:15am
Ages 7-9: 11:15am-12:30pm

Mandatory Coaches Meeting

Saturday, August 14th at 12:45pm
Thursday, September 2nd at 6:30pm

League Information:

- Semi-competitive program
- Emphasis on fundamentals, sportsmanship and teamwork.
- Games will be played on Saturdays.
- Make-up games will be on a weekday.
- Each team will have 1 practice and 1 game/week.
- We will try to accommodate requests.
- Players will need shin guards, shorts and a water bottle. Cleats are not required.

Membership/Registration Fees:

Metro Members: \$40 plus a monthly bank draft.

Program Members: \$60 plus a yearly fee of \$30 for individual or \$60 for family.

Additional fees applied after August 29th registration.

To get more information regarding membership please contact 614-885-4252.



**REGISTER BY
JULY 31ST
AND RECEIVE
A "FREE"
Y-SOCCER
MAGNET!**

Financial Assistance is Available

For *Membership* assistance please contact Member Services at 614-885-4252.

For *League* assistance please contact Dolly Crespo at 614-885-4252 x220 or dcrespo@ymcacolumbus.org

2010 Fall Soccer Registration

Participant Name _____ School Name _____ Gender (circle one) M/F

Address _____ City _____ Zip _____

Phone 1 (_____) _____ Phone 2 (_____) _____

Age ____ Birth date _____ Grade ____ Shirt Size Youth-S M L Adult-S M L XL (adult only)

Ethnicity _____ Email (please write clearly) _____

**Incorrect order
t-shirt fee: \$5.50**

I do hereby stipulate and agree to indemnify and hold forever harmless the YMCA of Central Ohio against any and all claims arising from my own or my child's participation in the YMCA programs or activities.

Parent Signature: _____ Parent Print: _____ Date: _____

I wish to volunteer for: (Please check one if interested)

____ **Coach:** I am willing to volunteer as a coach with the YMCA sports program while reinforcing the character development values of **CARING, HONESTY, RESPECT, AND RESPONSIBLITIY.**

Coach's Name _____ **Phone Number** (_____) - _____ **T-Shirt Size** _____

____ **Sponsor:** I would like to sponsor a team. For a tax deductible donation of \$100.00 we will put your business name on the team shirts. You may also sponsor a child with a donation of \$60.00.

Sponsor's Name _____ **Phone Number** (_____) - _____

How did you find out about this league? (Circle One) School Friend YMCA Other

Amount Paid: _____ Metro Member or Program Member



This program is not sponsored by any Central Ohio school district.