



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

LEARN PLAY GROW

SPRING SOCCER FOR ME TOO 2018 HOPKINS COUNTY FAMILY YMCA

Soccer for Me Too introduces the sport of soccer in a fun way to beginners and focuses on developing the fundamentals in a recreational atmosphere. Everyone Plays is an important component of Youth Sports and teaches participants both social and physical skills. Kids learn to enjoy the game and to work together as a team. Everyone Plays helps create positive self-esteem.

EQUIPMENT

The Y provides jerseys & socks. All participants must wear shin guards.

REGISTRATION DEADLINE

Sunday, February 25

SPRING SEASON INFO

- Ages: 3 and 4 (age as of July 31, 2017)
- Game Season: March 24 — May 5
- Program Fee: \$35 Members/\$55 Non-Members
- Scholarships Available (please apply at least 2 weeks prior to deadline)



HOPKINS COUNTY FAMILY YMCA
150 YMCA DRIVE, MADISONVILLE KY 42431
P 270 821 9622 F 270 825 9982 www.hopkinscountyyymca.com

REGISTRATION FORM ON BACK



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Important Info for Parents

- Players receive an authentic soccer game jersey
- Shin guards are required. Cleats are optional (baseball/toe & metal cleats are not permitted)
- Game Season: March 24 — May 5; six game season
- Game Days: Games will be played on Saturday mornings AND Monday, Tuesday and/or Thursday evenings. Night games will be scheduled to begin no earlier than 5:00 PM and no later than 7:00 PM. Games will be scheduled for the first Saturday of Spring Break and take off the second Saturday of Spring Break
- Practices tentatively scheduled to begin week of March 5

Soccer for Me Too Spring 2018 Registration Form

Name _____ Male _____ Female _____ DOB ____/____/____ Age _____
Address _____ City _____ State _____ Zip _____
Phone _____ Parent/Guardian _____ DOB ____/____/____
E-Mail _____

Please circle: MEMBER \$35 NON \$55 SEASONS EXPERIENCE: 0 1 2 3 4 5+

JERSEY SIZE: Youth: YXS (2-4) YS (5-6) YM (7-8) YL (10-12)

If size is not specified, we will order at our discretion. Parent will be responsible for purchasing replacement if not happy with size chosen

Our program depends on volunteer coaches and sponsors. If you are interested in learning more about the game of soccer and working with children, please contact the YMCA at 270-821-9622.

I would like to volunteer to coach a team (name): _____ phone _____

(PLEASE NOTE: ALL COACHES WILL BE REQUIRED TO SUBMIT TO A CRIMINAL BACKGROUND CHECK)

I would like to volunteer to sponsor a team (business): _____ phone _____

In consideration of my participation in the YMCA Soccer Program, I do hereby agree to hold free from any and all liability the Hopkins County Family YMCA and its officers, employees & volunteers. I do hereby waive all rights and claims for all injuries or damages incurred. I do declare the participant to be physically sound, having medical approval to participate in the activities of the YMCA Soccer Program.

Parent/Guardian Signature _____ Date _____