



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# COME PLAY

## FALL SOCCER 2019

### HOPKINS COUNTY FAMILY YMCA

Y Soccer introduces the sport in a fun way to beginners and builds skills as players progress through each age division. 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, August 25

Late Registration: Begins after regular registration dates end; additional \$20 fee (IF space allows)

#### FALL SOCCER INFO

- Ages: 4 through 14 (age as of July 31, 2019)
- Game Season: September 21 — October 29 (tentatively)
- Program Fee: \$45 Members/\$65 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](http://www.hopkinscountyyymca.com)

REGISTRATION FORM ON BACK



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

**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: September 21 — October 29; 6 to 8 game season (dependent upon weather)
- 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 Fall Break and take off the second Saturday of Fall Break
- Practices tentatively scheduled to begin week of September 9th

**YMCA SOCCER Fall 2019 Registration Form**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Age Division: **U-6 U-8 U-10 U-12/14** (age as of July 31<sup>st</sup>, 2019)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail \_\_\_\_\_

**Please circle: MEMBER \$45 NON \$65 SEASONS EXPERIENCE:** 0 1 2 3 4 5 6 7 8 9 10+

**JERSEY SIZE: Youth:** YXS (2-4) YS (5-6) YM (7-8) YL (10-12) **Adult:** S M L XL

**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 SUBMITTED 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** \_\_\_\_\_