



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRACTICE YOUR SKILLS

FALL SOCCER CLINIC 2020

HOPKINS COUNTY FAMILY YMCA

This camp is perfect for athletes of all skill levels! Athletes will work on skills and techniques that will help them gain a better grasp on the game. The clinic will focus on dribbling, footwork, ball striking, passing and scoring plays.

EQUIPMENT

To ensure camper and coach safety, we will adhere to all CDC guidelines. Every camper must have their own soccer ball, water bottle, shin guards and face mask/neck gaiter (*masks will be required at any time social distancing cannot be maintained during non-strenuous activity; masks are required in the YMCA facility).

REGISTRATION DEADLINE

October 9

CLINIC DATE

Saturday, October 17

CLINIC TIMES

9:00 am - 2:00 pm

* all campers will receive a FREE lunch!

PROGRAM FEE

Members: \$20

Non-Members: \$35

AGES

5 - 12 years; co-ed *choose appropriate age group on the registration form





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Important Info for Parents

- All campers must bring their own soccer ball, water bottle, shin guards & face mask/neck gaiter (*masks will be required at any time social distancing cannot be maintained during non-strenuous activity; masks are required in the YMCA facility).
- Registration Deadline: Friday, October 9
- Clinic Date & Time: Saturday, October 17; 9:00 am - 2:00 pm (*lunch provided!)
- Fee: members - \$20; non-members—\$35
- Ages: 5 –12; co-ed *choose appropriate age group below
- Each age group is limited to 15 participants, so REGISTER TODAY!

YMCA SOCCER CLINIC Fall 2020 Registration Form

Name _____ Male _____ Female _____ DOB ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____ Parent/Guardian _____ DOB ____/____/____

E-Mail _____

Please circle: MEMBER \$20 NON \$35

Please circle: under-6 under-8 under-10 under-12/14

*age as of July 31, 2020

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** _____