

2019 YOUTH SOCCER

The YMCA soccer program provides an opportunity to develop fundamental skills, practice teamwork and good sportsmanship, equal playing time, and have FUN in a low-competition environment. Incorporating fun, fitness, cooperation, skill development, family involvement, and respect for team, coaches and opponents. This is a four week program, being held two nights per week. Practices will be held on Tuesdays and games will be held Thursdays. Shin guards are recommended. Reimbursements will be given to parent volunteer coaches (one child per coach). When registering, please indicate one of the following:

- Kindergarten and 1st grade: 4:00-5:00 pm - Tuesday (practices) & Thursdays (games) [Ball size 3]
- 2nd grade & 3rd grade: 5:15-6:15 pm – Tuesday (practices & Thursdays (games) [Ball size 4]

**** ALL GAMES AND PRACTICES WILL BE HELD AT THE ITASCA COUNTY FAMILY YMCA ****
APRIL 23rd, 2019 – MAY 16th

YMCA Members will pay a participation fee of \$30. Community Members will pay a participation fee of \$45. Please register & Pay at the YMCA Membership Desk. T-shirt or jersey is included with your participation fee and will be disbursed on the day of the first practice. If you have any questions, please feel free to contact our Youth Sports & Program Director, Kayla McInerney at (218)-327-8818 or kmcinerney@ymcaitasca.org.

Information Needed for Registration:

Parent Name:	Phone Number:	Email:
Address:	City:	Zip Code:
Child's Name:	DOB:	Grade:
Emergency Contact Name:	E.C. Phone Number:	E.C. Relationship:

Are you interested in becoming a volunteer coach? Yes or No

Payment Options:

Cash:	Check Number:
CC Type:	Card Number: - - -
<ul style="list-style-type: none"> • Visa • Mastercard • Discover 	Card Exp. Date:
	CV Number:

For instant updates straight to your phone or email, refer to the Remind.com sheet to get this process started. Please do not call the YMCA front desk. We will send out a text and email to inform you of any cancellations. The child listed above has my permission to participate in youth soccer. Emergency treatment for this participant is authorized if parent or guardian cannot be reached.

Parent Signature: _____ Date: _____

