

YMCA SUMMER SOCCER REGISTRATION FORM

Grade: (circle) AGES 4&5 (1ST YEAR PLAYERS) U6 U8 U10 U12 U15
Boy/Girl

Player's Name: _____

Address: _____ City: _____

DOB: ___/___/___ School: _____

Parent Name(s): _____

Phone: _____

Email: (important for sending out information) _____

Friend Request: (not guaranteed) _____

Shirt Size: Youth: S (6-8) M (10-12) L (14-16)

Adult: S M L XL

(We make every effort possible to give your child the shirt size that is requested, but this is not always possible based on ordering deadlines.)

Volunteer Parent Coaches Needed!

Parent volunteer coaches play a big role in making our programs successful.

Yes, I would like to coach! (if you sign up here, expect to coach in some capacity)

Name: _____

Phone Number: _____

Email Address: _____

(Information will be communicated through email)

Circle one: **Head** or **Assistant/Co-Coach** or **Either**

Coaching Request: _____

Coaches' Meeting will be held on Wednesday April 26 at 6:30 PM at FWY. BID forms are required for all coaches.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

START YOUR GOALS WITH A KICK SUMMER SOCCER Fox West YMCA

Boys & Girls Ages 4 - 15

Games are played at Greenville Lion's Park

Registration begins: January 1

Registration closes: April 1

Practices begin: May 8

Games begin: May 30



Register at:

Fox West YMCA
W6931 School Road
Greenville, WI 54942

Our Mission: The YMCA is a not-for-profit organization, which puts Christian principles into practice by promoting youth, adult and family activities that build a healthy spirit, mind and body for all.

League Information

This league will give kids the opportunity to play soccer. All players will participate in every game. The elements of fun, fitness, fair play, skill development, and family involvement are emphasized. The goal of the YMCA is to provide participants a great place to learn soccer while having fun!

Every player will receive a full soccer uniform!

Anticipated Schedule (based on previous season):

First 2-3 weeks are practice only

Mondays (U8 & U10)

Tuesdays (Ages 4-5 & U6)

Wednesdays (U12 & U15)

Game times will depend on registration numbers.

Parent Meeting will be held on April 19 at 7:00PM at FWY

Registration Information

Register at the Fox West YMCA Member Services Desk. The completed form as well as payment are required to register. **Online registration is also available.**

After April 1, registrations will only be taken if space is still available. T-shirt is not guaranteed after deadline. **\$10 late fee added after deadline.**

Early Bird Registration June 1 – April 1

YMCA Members \$51

YMCA Youth Members \$51

General Public \$79

If you have any questions, please contact:

Kevin Jakubek, Sports & Recreation Director at 560.3414 or kjakubek@ymcafoxcities.org

Sarah Dietz, Sports & Recreation Coordinator at 560.0425 or sdietz@ymcafoxcities.org

League Waiver

YMCA PARENT AGREEMENT

1. I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) cannot be reached.
2. I support YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership. I pledge to act as a role model while attending games and practice good sportsmanship at all times. If I engage in disorderly behavior, I understand I could be removed from the field/court and suspended or not allowed to return.
3. I understand that teams are divided by schools and grades and that the YMCA will try to meet parent requests, but not all requests may be granted.
4. The YMCA has provided me with concussion awareness and head injury information. I have read and understand what a concussion is and what the symptoms are. I understand it is my responsibility to seek medical treatment if a suspected concussion is reported and I need written clearance from an appropriate medical provider to return my child to practice or play games.

Signature of Parent or Guardian

Date

PARENT REMINDERS

- Teams and schedules are typically still being created right up until the coaches' meeting. Please plan on using the anticipate schedule attached.
- After our coaches' meeting, your child's coach will contact you via email. Please ensure that we have the correct email address since most of the contact will be made this way.
- The FWY Sports Department will send out a Welcome email with schedules to print off for the season once all details are finalized.
- These are kids, volunteers and YMCA employees. Everyone deserves respect and understanding. Help us make this another great season for all involved!