



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUTH SOCCER

SATURDAYS from Sept 15th through October 20th

Sessions will be held at Whitney Field (across from the Y)

Registration Deadline is Saturday, September 8th

A late fee of \$5 will be charged after assigned deadline.

Parents' Coaches Clinic: Monday, September 10th @ 6:30 p.m. at the Y

MICRO SOCCER

Ages 3-5 Years 9 - 9:30 a.m.

Micro Soccer introduces the basic skills of passing, trapping, dribbling, and shooting.

YOUTH SOCCER

Ages 4-6 Years 9:30 - 10:30 a.m.

Youth Soccer expands on skills learned in Micro Soccer while introducing the game of soccer.

FEES

Members \$25

Non-Members \$45

Fee includes a participation t-shirt (Please mark size on registration form)

Financial Assistance is available by completing the application which is available online at

www.scymca.org or at the Y.

Program Coordinator: **Chad Johnson**. If you have questions please contact Chad by phone at:

(320) 253-2664 or email at: chadj@scymca.org

Y Youth Soccer focuses on three primary objectives: Fun, Fundamentals and Character Development

Program Values are: teamwork, sportsmanship and character development of Caring, Honesty, Respect and Responsibility. Weekly Practices focus on fundamental skills, drills and the game in a fun learning environment.

MICRO SOCCER REGISTRATION FORM

Check the session you prefer: ☐ Micro: 9-9:30 a.m. ☐ Youth: 9:30-10:15 a.m.

Player Information

Participant Name

Date of Birth

School Attends

Gender - Male/Female

Family Information

Parent(s) Last Name

Parent(s) First Name

Middle Initial

E-mail

Mailing Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Check shirt size- Youth: ☐ S (6-8) ☐ M (10-12) ☐ L (14-16) Adult: ☐ S ☐ M ☐ L ☐ XL

Participation Release

I release the St. Cloud Area Family YMCA, its coaches and officials from all claims of injury which may be sustained by above child while participating in any YMCA sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required I give my permission for such medical care. I also agree to follow the St. Cloud Area Family YMCA's sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named participant in its promotional/educational materials.

Parent/Guardian Signature

Date

1530 NORTHWAY DR., ST. CLOUD, MN 56303 · (320) 253 2664 · WWW.SCYMCA.ORG