



St. Cloud Area Family YMCA

For Youth Development, For Healthy Living, For Social Responsibility

1530 Northway Drive

320-253-2664

www.scymca.com

Youth Soccer

Saturdays

Micro Soccer

Ages 3-4

9-9:45 am

Micro Soccer consists of parent/child participation.

Youth Soccer

Ages 4-7

10am - 12pm

*Practices last 1 hour (will be assigned time before season)

Program runs from
March 16h -
April 20th

YMCA Youth Soccer focuses on three primary objectives:
Fun, Skill Development and Character Development.

YMCA Volunteer Coaches and Staff will teach the fundamental skills of soccer. Games will be played in Youth Division

Coaches Clinic For YOUTH Division

Monday, March 11th
@ 6:00pm at the YMCA

Fees

Members \$25
Non-Members \$45
***Youth Sports Shirt \$14.00

Shirt is kept by family and will be reused for all sports!

Registration Deadline

Saturday, March 9th

Financial Assistance is available by completing the application which is available at the YMCA.

If you have any questions please contact Chad at 320-253-2664 or chadj@scymca.org

Registration 2013

I wish to serve as a volunteer coach for my child's team Yes / No

All Youth Soccer coaches must complete and pass a YMCA background check

Coaches Name _____

Circle your Age bracket & Session

Ages 3-4
9-9:45 am

Ages 4-7
Youth Soccer

Youth:

Circle T-Shirt Size

S (6-8) M (10-12) L (14-16) Adult S

Player Information

Male / Female

Participant Name _____

Date of Birth _____

School Attends _____

Family Information

Parent(s) Last Name _____

Parent(s) First Name _____

Middle Initial _____

E-mail _____

Mailing Address _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

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 sports-manship 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 _____