



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KICKIN' IT FOR INDOOR SOCCER

Session #2 YMCA Indoor Soccer

YMCA youth sports programs encourage healthy competition, the value of participating, team building and individual development. The Y's volunteer coaches emphasize skill development and always having fun!

Registration dates: October 29th - December 10th, 2018
Season Dates: January 2nd - February 26th

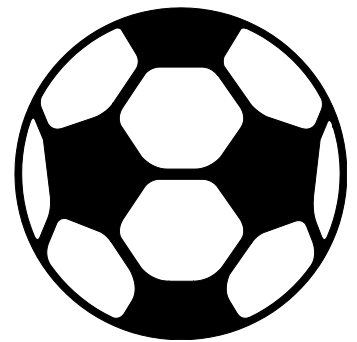
Ages: 4-14 year old (as of August 31, 2018)

Select League: 3-5 coed 6-14 coed 6-14 all girls

League runs from Jan. 2 - Feb. 26, 2019
All games will be played at Soccer World
No practices, just games!!

Cost:
Member: \$49
Public: \$69

Registration Information: This form does not guarantee roster placement.
Questions? Contact the Sports Department at: sportsdept@springfieldymca.org



Mail completed form with payment to:
YMCA of Springfield Sports Office
701 South 4th Street
Springfield, IL 62703

***DO NOT MAIL CASH**

REGISTRATION FORM: (Please print clearly. One form per child.)

Age as of Aug. 31, 2018 _____

Child's Name _____ M _____ F _____ Birth Date ____/____/____

Address _____ City _____ Zip _____

Parent #1 Name: _____
Parent #1 Email: _____
Parent #1 Cell: _____

Parent #2 Name: _____
Parent #2 Email: _____
Parent #2 Cell: _____

Preferred 2019 coach OR (friend, school, etc.): _____

League Play (please circle) 3-5 Co-ed 6-14 Co-ed 6-14 All-girls

Parents would be willing to volunteer as (circle, please help if possible): Referee Coach Ass. Coach

I hereby register my child for the YMCA Soccer League. I allow the YMCA to seek emergency care for my child if required. I also grant the YMCA permission to use photographs of my child in promotional materials such as brochures, ads, website or newspaper releases. I will not be informed or reimbursed for such photographs.

I would like to make a gift to help a child play Y sports. I am adding \$_____ to my registration for the YMCA Strong Kids scholarship fund. All gifts are tax deductible.

Print Name _____

Signature _____

Date _____

Office Use Only:

Date: _____ Amount: _____ Staff: _____

Cash _____ Check# _____ Credit Card _____

3-5 Co-ed 6-14 Co-ed 6-14 All-Girls

YS19

VISIT THE SPRINGFIELD YMCA AT
WWW.SPRINGFIELDYMCA.ORG

