



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

MARION FAMILY YMCA SPRING SOCCER 2018

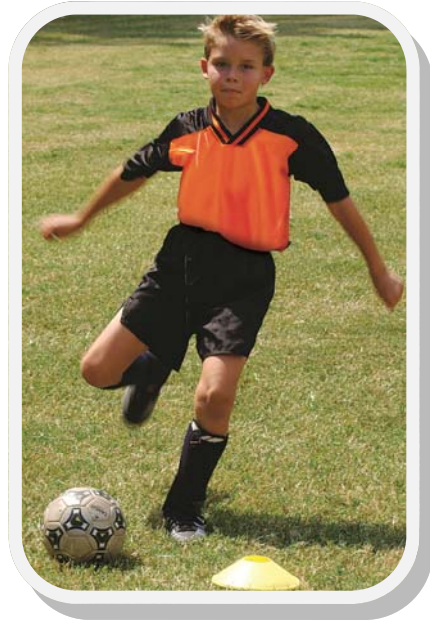
SWIM, SPORTS & PLAY
 YOUTH SOCCER LEAGUE

It's that time again, Soccer Season!

Program focuses on teaching the players the basic skills, teamwork & sportsmanship. All participants will play equal time. *Practice will be held once a week at each team coach's discretion*

Early Bird Special: \$10 off w/ registration before February 19.

Can't be combined w/ scholarship or sibling discount



Season Dates: April 21 – June 2, 2018

Ages 3-4/ 5-6 / 7-9/ 10-12

Member Fee: \$35 per child

Program Participant Fee: \$60 per child

Price includes: Soccer reversible jersey and awards *Pictures may be purchased for an additional fee.*

Registration Deadline April 13, 2018

Late registrations will be accepted on space available basis with a \$10 late fee.

LOCATION:

Practice and games location will be at Marion General Hospital Soccer Fields.

PRACTICE AND GAMES - Practice 1 evening per week at each coach's discretion. Games will be played on Saturdays

First Practice—Saturday, April 21, 2018

Schedule for FIRST PRACTICE ONLY. Player/Parent Meet and Greet w/ coaches

Ages 3-4 9:00am

Ages 5-6 10:00 am

Ages 7-9 11:00 am

Ages 10-12 12:00 pm

Volunteer **coaches** are needed! Coaches meeting will be announced at a later date.

Scholarships Available! Bring your tax return to the Y Service Center at the time of registration for **Youth Soccer** for immediate approval. Families with annual income of \$35,000 or less may qualify for a \$15 reduction in fee. This can be used in place of but not combined w/ Early Bird or Sibling discount

Marion Family YMCA Registration

Jersey Size: YS YM YL AS AM AL

Name _____ Age _____ D.O.B. _____

Address _____ email _____

Phone Number _____ Parent's Name _____

WOULD YOU BE WILLING TO BE A VOLUNTEER COACH? YES NO

COACH NAME: _____ **COACH PHONE NUMBER:** _____

We will try to honor requests. However, we do not guarantee coach, teammate or practice day requests.

Name of Coach requested: _____

Practice Day(s) requested (circle): Tues Wed Thurs Name of Teammate requested (Limit 1): _____