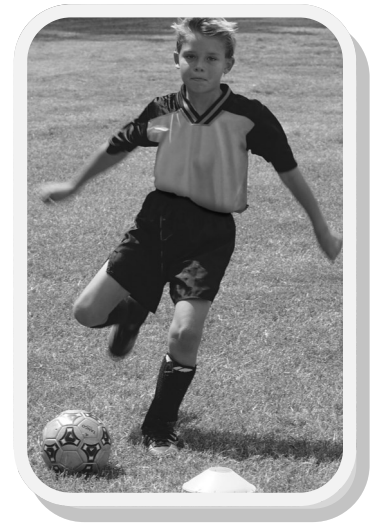




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



MARION FAMILY YMCA FALL SOCCER 2018

It's that time again, **Soccer Season!**

Program focuses on teaching the players the basic skills, teamwork, and sportsmanship. Practice and games location will be at Marion General Hospital Soccer Fields. Games will be played on Saturdays. *Practice will be held once a week at each team coach's discretion.*

Early Bird Special: \$10 off registration on or before July 27 2018.

Cannot be combined with scholarship or sibling discount

Season Dates: September 8—October 27, 2018

Ages: 3-4, 5-6, 7-9, and 10-13

Household Member Fee: \$30

Member Fee: \$35 per child

Program Participant Fee: \$60 per child

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

Registration Deadline: September 5, 2018

Late Registrations: September 6—September 7, 2018

Late registrations accepted as space is available with a \$10 late fee.

Parent and Coach Orientation: September 7 @ 6:00pm

Meet the Coach and First Practice: September 8

Ages 3-4 @ 9:00 am / Ages 5-6 @ 10:00 am

Ages 7-9 @ 11:00 am / Ages 10-13 @ 12:00 pm

Scholarships Available! Bring your tax return to the Y Service Center at the time of registration 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 with Early Bird or Sibling Discount.

Questions? Please call or e-mail Program Coordinator, Nicole Brown P 740-725-9622 E nbrown@marionfamilyymca.org

Marion Family YMCA Registration

Number of Years Soccer Experience: 0 1 2 3 4 5 6 7+

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 COACH/ASSIST? 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 Teammate requested: _____ Name of Coach requested: _____

Practice Day(s) requested (circle): Mon Tues Wed Thurs Fri

OFFICE USE ONLY Late Registration Date/Time Received: _____