



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 August 3, 2018.**

**\*Cannot be combined with scholarship or sibling discount\***

**Season Dates:** September 15—October 27, 2018

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

**Member Fee: \$35 per child Household Fee: \$30 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 12, 2018

**Late Registrations:** September 13—September 14, 2018

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

**Parent and Coach Orientation:** September 14 @ 6:00pm

**Meet the Coach and First Practice:** September 15

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: \_\_\_\_\_