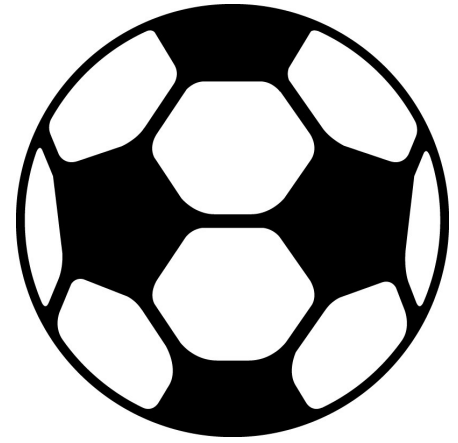




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



MARION FAMILY YMCA SOCCER FALL 2020

****REVISED**** All season information is subject to change according to any announcements by the state of Ohio regarding their Responsible Restart guidelines or the Marion Public Health Department.

This program focuses on teaching the players the basic skills, teamwork, and sportsmanship. Games will be played on Saturdays at the Marion Family YMCA. *Practice will be held once a week at each team coach's discretion.*

Season Dates: September 14—October 24, 2020

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

Member Fee: \$31 per child Non-Member Fee: \$62 per child

Price includes: Reversible jersey and award. ****Team jerseys are the same as previous sports/seasons****

Registration Deadline: September 6, 2020

Late Registrations: September 7—11, 2020

Late registrations submitted between September 7—11, will be reviewed and accepted on a space-available basis with an additional \$10 late fee. You will be notified by staff if your registration was accepted with your team and season information.

Meet-and-Greet: During first practice the week of September 14

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 Nicole Brown P 740-725-9622 E nbrown@marionfamilyymca.org

Marion Family YMCA Registration

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

Shirt Size: YS YM YL AS AM AL NONE (jersey discount)

Jerseys remain the same in each season and sport

Name _____ Age _____ D.O.B _____

Address _____ Email _____

Phone Number _____ Parent's Name _____

DO YOU KNOW SOMEONE WILLING TO COACH/ASSIST? YES NO

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

We will try to honor requests. However, we DO NOT guarantee coach or teammate.

Name of Coach requested: _____ Name of Teammate requested (Limit 1 only): _____

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

OFFICE USE ONLY Late Registration Date/Time Received: _____