



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



MARION FAMILY YMCA - SOCCER SPRING 2026

It's that time again, **Soccer Season!** Program focuses on teaching the players the basic skills, teamwork & 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.*

Early Bird Special: \$10 off registration on or before

January 26th through March 2nd

Promo Code: Spring26

Season Dates: April 18 - May 23, 2026

Ages/Grades:

Preschool: Ages 3-5
Grades K & 1: Ages 5-7
Grades 2 & 3: Ages 7-9
Grades 4 & 5: Ages 9-11
Grades 6 & 7: Ages 11-13

Member Fee: \$42 per child (Shirt Included) Non-Member Fee: \$78 per child (Shirt Included)

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

****Team jerseys are the reversible blue/white version. Promo Code: JERSEY****

Registration Deadline: March 21, 2026

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

Late registrations must talk to Madalynn Schifer at 740-725-9622.

Meet-and-Greet: April 4, 2026 from 9:00am - 12:00pm

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 email or call Madalynn Schifer at mschifer@marionfamilyymca.org or 740-725-9622

Marion Family YMCA Spring 2026 Soccer Registration

Shirt Size: YS YM YL AS AM

Name _____ Grade _____ 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 Sat Sun

OFFICE USE ONLY Late Registration Date/Time Received: _____