



Spring Youth Soccer at The Y

**Registration Closes 9/16/21
Games will begin 10/9**

**Volunteer to Coach Your Child's Team
& Receive 30% Off Registration**

**Ages: 3–12 years old
Cost: \$60 for Y Members &
\$90 for Non-Members**

**Important: To be eligible for the Member Price you must be an
active & current member throughout the sports program**

**For more information contact:
Joe Roberts ... jroberts@abileneymca.org**



SCHEDULE

Registration 7/19– 9/16

Your Coach will Contact You
9/26 with all Team Info

Practice begins the week of 9/27

Games Begin: Sat. 10/9

Team Pictures are 10/16

COST

Only \$60 for Y Members
\$90 for Non-Members

***This would be the perfect time for
you and your family to join the Y!!***

Coaches Information

Volunteer Coaches Needed
**30% Off Registration Fees for
Coaches**

Coach's Meeting is 6/27/21
at 3 PM @ The Redbud Y

COACHES MEETING IS MANDATORY

Coaches Pick Practice Times
You will Coach Your Child's Team

**Please do not volunteer if you
can't attend the Coaches Meeting**

Basic Information

At the Y we want every student to... **P.L.A.Y.**

Participate Learn & Achieve at the Y

Appropriate Age Divisions...Ages 3 – 12

4U Division...ages 3 & 4 yr olds

6U Division...ages 5 & 6 yr olds

8U Division...ages 7 & 8 yr olds

10U Division...ages 9 & 10 yr olds

12U Division...ages 11 & 12 yr olds

We practice once a week either Monday, Tuesday or Thursday & play one game a week. All games are on Saturday mid-mornings to early afternoon.

Your coach will contact you 9/26 late afternoon.

Your coach will share all team info with you!

Practices will begin Monday week 9/27

NO PRACTICE TIME OR COACHING REQUEST

- Coach's kids will be with coaching parent
- We will keep siblings together at parent's request
- ***NO REFUNDS because of an unwanted practice time or not getting a requested coach***

YMCA Youth Sports Focuses on

- Skill development
- Team work
- Sportsmanship

***Soccer is a 8-week season... We practice
once a week and play one game a week***

SOCCER



Fall Soccer Registration Form

Register in Person at The YMCA or Online

Please Print Neatly

Child's Name _____ D.O.B. _____
Gender Male / Female **Age** _____ **Grade** _____ **Height** _____
Primary Contact _____ Number _____
Primary's Email _____
Secondary Contact _____ Number _____

Siblings... Please put _____ & _____ on the same team
(Siblings will be placed on the same team at parent's request – they must be in the same age division)

Shirt Size YXS YS YM YL YXL AS AM AL AXL (Circle One)

Skill Level Beginner Intermediate Experienced ... **Yrs Played** _____
Rate your soccer player 1 2 3 4 5 (1 – New Player ... 5 – SKILLED player)

Age Division 4U (3-4) 6U (5-6) 8U (7-8) 10U (9-10) 12U (11-12) (Circle One)

COACHING INFORMATION

Are you willing to coach? YES NO How many years have you coached? _____

Your Name _____ Number _____

Email _____ Shirt Size S M L XL 2XL 3XL 4XL

Coaches Meeting is MANDATORY!! Meeting is Sunday (9/26) after Church at The Redbud Y.

TEAM SPONSORSHIP INFORMATION

Are you willing to sponsor your team? YES NO (Sponsorship is only \$100)

Name: _____ Phone Number: _____

Name to be printed _____

(Sponsor's Company Name will be printed on the back of that team's jerseys)

YMCA REFUND POLICY & WAIVER

I hereby give my consent for this child to be photographed for publicity purposes (the photos will only be used for YMCA or United Way purposes). I understand that all written requests **MAY NOT** be honored (certain coaches, players, practice days, etc.). **NO REFUNDS will be given because of an unwanted practice time or not getting a requested coach.** Some refund requests made at least 10 days before the first practice will be refunded 100%, after the first practice 50% and after the first game no refund will be given. By my signature and my free will, I do hereby agree to indemnify and save harmless the YMCA of Abilene from any and all claims or demands, costs or expense arising out of any injuries or damages sustained by me or any party to or for whom I am responsible.

Signature: _____ Date: _____

(Parent or guardian)

FOR OFFICE USE ONLY: Amount Pd _____ Receipt # _____ Date _____ Initials _____