

2008 Fall Soccer League



- Coed Leagues:**
U6 (4-5 year olds)
U8 (6-7 year olds)
U10 (8-9 year olds)
U12 (10-11 year olds)
U15 (12-14 year olds)

Important Information and Program Policies

Refunds: Full refunds will be granted if the YMCA cancels a program. Otherwise a request for a refund must be made in writing before uniforms are ordered. A \$5 fee will be assessed for processing of all refunds. Refunds can be made as a system credit good toward YMCA membership or other programs or in the form of a check. Checks will take up to 10 days to process.

Pre Season Clinic: The preseason clinic is available to all program participants free of charge. Soccer skills will be taught by volunteers including the coaches, high school players and other knowledgeable individuals. Kids should come ready to play with shin guards. It is our hope that all participants attend so everyone starts with the same basic knowledge of necessary skills. The clinic is not a try-out.

Coaches: All coaches undergo a criminal background check and are cross referenced with the registry of known sex offenders. Coaches attend a preseason meeting and assist with team division.

Team Division: All participants will be divided initially by age. A child can play up but will not be able to play in a lower age group. Teams are divided by age, experience, size, etc. to assure as much equity between teams as possible. Siblings should request the same team. If individuals are coming to play from farther than 20 miles away, the parents may request up to three individuals be placed on the same team for the purpose of sharing rides to practices and games. **Special requests for certain coaches or teammates outside of those situations will not be honored.**

Uniforms: The YMCA will provide a team t-shirt and socks that must be worn during all games. Shin guards are required and are the responsibility of each participant to purchase. Players opting to buy cleats, should avoid baseball/football cleats, as they are a danger to other participants. These cleats differ from soccer cleats, in that they have a cleat on the front tip of the shoe.

Practices: Weekly one-hour practices will be held. The coach will schedule practices. If there is a weekly conflict with a certain evening, please indicate that on the appropriate section of the registration form before turning it in.

Games: Eight regular season games will be scheduled for each team. A single elimination tournament will also occur for the U10, U12, and U15 age groups. No tournament will occur for the U6 through U8 leagues.

Photographs: Team pictures will be scheduled once all uniforms have been received. You are not required to buy photos, but we request that every team member be present for the team photo.

Awards: All participants will receive recognition of their achievement and hard work during the soccer season in the form of a medal. The tournament winners will receive additional recognition in the form of a trophy.



Detach this portion for your records

WHO: Coed Leagues include:

- U6 (4-5 yrs.) U12 (10-11 yrs.)
- U8 (6-7 yrs.) U15 (12-14 yrs.)
- U10 (8-9 yrs.)

U6 players must turn 4 by 10/12/08 at the latest. The age range is based on the child's age at the Preseason Clinic. You can move up one age group but you may not move down. Special requests for teammates (except siblings) or coaches (expect parents) will not be honored. Please note if transportation is needed.

WHEN:

The Preseason Clinic will be Tuesday, July 29, 2008
 U5-U7 6:00pm to 7:00pm
 U9-U14 7:00pm to 8:00pm

Practices will start by August 4th. Games will begin on Sunday, August 17, 2008.

REGISTRATION:

Now until July 22, 2008.
 Late Registration is from July 23 to July 28, 2008.
 A waiting list will be taken after July 28th. These players will be placed on teams only if openings occur.

FEE:

\$30.00 for youth who are YMCA Members
 \$60.00 for youth who are Non-members
 \$10.00 additional for late registration (including scholarship recipients)
 * See Refund Policy on back page

COACHES:

Individuals interested in coaching should call Deb Plummer or Nicole Smiley at the YMCA ASAP. Those who are interested in coaching should plan on attending the Preseason Clinic on July 29th and Coaches Meetings July 30th and 31st.

SPONSORSHIP:

Sponsorship is \$100.00 per team. The business name will go on the back of the team shirts. Interested sponsors should contact Deb Plummer at the YMCA (812) 442-6761

FINANCIAL ASSISTANCE:

Financial assistance is available to families who qualify. Please ask about our scholarship programs at the member services desk. Applications made after July 22nd will still be subject to a \$10 late fee.

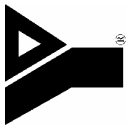
FOR MORE INFORMATION :

Call Deb Plummer or Nicole Smiley at the Y (812)442-6761 or e-mail us at sports@claycountnymca.org.

2008 YMCA FALL YOUTH SOCCER REGISTRATION

Child's Name _____ Birth Date ____ / ____ / ____ Age on 7/29/08: ____ Sex M F
 Address: _____ City _____ Zip _____
 Home Phone # (____) _____ School: _____ Grade: _____
 Parent/Guardian _____ Home Phone _____ Work _____ Cell _____
 Parent/Guardian _____ Home Phone _____ Work _____ Cell _____
 E-mail Address: _____
 Emergency Contact: Name _____ Relationship _____ Phone _____

I chose the following league: U6 U8 U10 U12 U15 Siblings in this age group: _____
 My child has a conflict with practice on the following night: Mon Tues Wed Thurs Fri
 1st time participant: _____ Number of previous seasons as participant: _____
 T-shirt Size: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
 Adult Small Adult Medium Adult Large Adult XLarge
 I am willing to participate as a volunteer in support of this program as a: (Circle one or more)
 Coach Assistant Coach



I recommend that you contact the following person /business for possible sponsorship of my child's team:
 Name: _____ Relationship _____ Phone # _____

PARENT AUTHORIZATION

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. My child has permission to engage in all prescribed activities. I assume all risks and hazards incidental to the conduct of this program and transportation to and from practices and games. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection for my child. I understand that I am responsible for all medical expenses incurred by my child, and will not hold the YMCA of Clay County liable. I also give permission for my child's picture or video image to be used in YMCA program related brochures, flyers or posters. I support the YMCA Youth Sports Philosophy which is based on participation, fun, physical fitness, skill development, teamwork, fair play, family involvement and volunteer leadership. I understand that coaches and game officials deserve RESPECT. They make mistakes as we all do but like us, they try their best and we have a responsibility to help teach RESPECT to our children. I will not yell criticism at officials or coaches. I understand that this behavior is subject to penalties, including suspension from attending matches.

Signature of parent/guardian _____ Date _____

FOR OFFICE USE ONLY

Date: _____ Amount Paid: _____ Receipt Given to parent: Yes or No Staff Member Initials _____