

2009 Fall Soccer League



LEAGUES:

U6 (4-5 year olds)

U8 (6-7 year olds)

U10* (8-9 year olds)

Senior League*

(11-13 year olds)

***10 yr olds may choose**

U10 or Senior League

*** All leagues are coed**



YMCA OF CLAY COUNTY
225 E. Kruzan
Brazil, IN 47834

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. All interested 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. We then divide the age groups as evenly as possible. We consider age, experience, size, etc. to assure as much similarity 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 square 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: Seven regular season games will be scheduled for each team. A single elimination tournament will also occur for the U10 and Senior League 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

2009 YMCA FALL SOCCER REGISTRATION

WHO: Divisions include:
U6 (4-5 yrs.)
U8 (6-7 yrs.)
U10 (8-9 yrs.)
Senior League (11-13 yrs.)
10 year olds will be able to choose to stay with U10 or move into the Senior League

WHEN:
The Preseason Clinic will be Tuesday, July 28th
U6-U8 6:00pm to 7:00pm
U10-Senior League 7:00pm to 8:00pm
Practices will start as early as August 3rd for some teams
Games will begin on Sunday, August 23, 2009. (No games on Labor Day weekend.)

REGISTRATION:
July 1, 2009 to July 21, 2009
Late Registration is from July 22nd through July 27th.
A waiting list will be taken after July 27th. 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 complete a Coaching application and plan to attend the Preseason Clinic on July 28th and July 30th. See the coaching application.

SPONSORSHIP:
Sponsorship is \$100.00 per team. The business name will go on the back of the team shirts. League Sponsors will also be listed on the game schedules. Interested sponsors should contact Deb Plummer at the YMCA at (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 the regular registration period will still be subject to a \$10 late fee.

FOR MORE INFORMATION :
Call Deb Plummer at the Y (812) 442-6761 or e-mail us at sports@claycountymca.org.

Child's Name _____ Birth Date ____/____/____ Age : ____ (on 7/28/09) 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 _____
1st Time participant ? Yes or No note # of seasons as a participant: ____ Siblings in this age group: _____

Choose the league you want your child to participate in: U6 U8 U10 Senior League
My child has a conflict with practice on the following night: Mon Tues Wed Thurs Fri
T-shirt Size: Please order a size larger than normal. Circle size you would like us to order.
Kids Small (6-8) Kids Medium (10-12) Kids Large (14-16) Ad. Small Ad. Medium Ad. Large Ad. XLarge

I am willing to participate as a volunteer in support of this program as a: (Circle one or more)
Name: _____ Coach: Shirt Size _____ Assistant Coach: Shirt Size _____

Sponsorship: I recommend that you call the following person /business for possible sponsorship of my child's team:
Business Name: _____ Contact Name: _____

Your relationship to this business/individual: _____ 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 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 first parent/guardian

Date

Signature of second parent/guardian

Date



FOR OFFICE USE ONLY

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