

# 2019 Fall Soccer League



## 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)**

**\* All leagues are coed**

**\* All games will be played at the  
Clay County YMCA**



**Clay County YMCA  
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. 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 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 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, U12, and U15 age groups. No tournament will occur for the U6 through U8 leagues. Games canceled due to weather will be reschedule if possible but not guaranteed.

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

\* If not enough players will combine to form SR League

**WHEN:**  
The Preseason Clinic will be Sunday, August 4, 2019  
U6-U8 2:00pm to 3:00pm  
U10-U15 3:00pm to 4:00pm  
Practices will start as early as the week of August 5th for most teams. Games will begin on Sunday, August 18th, 2019.

**REGISTRATION:**  
July 6th through July 28th, 2019.  
Late Registration is from July 29th through July 31st.  
A waiting list will be taken after July 31st. These players will be placed on teams only if openings occur.

**FEE:**  
\$35.00 for youth who are YMCA Members  
\$70.00 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 coaches meeting on August 1st. Coaches will be notified of times.

**SPONSORSHIP:**  
Sponsorship is \$150.00 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 Shane Chesshir 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 the YMCA (812) 442-6761 or e-mail us at schesshir@ymcaswv.org

# 2019 YMCA Fall SOCCER REGISTRATION

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age : \_\_\_\_ (on 8/4/2019) 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 \_\_\_\_\_

**League:** Circle the League you choose for your child: U6 (4-5 yr olds) U8 (6-7 yr olds) U10 (8-9 yr olds)

U12 (10-11 yr olds) U15 (12-14 yr olds) Siblings in this age group: \_\_\_\_\_

My child has a conflict with practice on the following night/s (please circle): Mon Tues Wed Thurs Fri

1st time participant: \_\_\_\_\_ Number of previous seasons as participant: \_\_\_\_\_

T-shirt Size: Please order a size larger than normal. Circle size you would like us to order.

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)

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 parent/guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

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