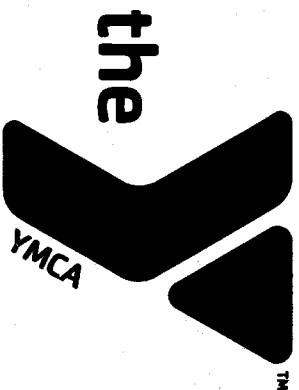


REGISTRATION DATES:
September 1 - October 21, 2015



INDOOR SOCCER

Daviess County Family YMCA
405 N.E. 3rd St.
Washington, IN 47501
(812) 254-4481
www.dcympca.org



DAVIESS COUNTY FAMILY YMCA
405 N.E. THIRD STREET
WASHINGTON, IN 47501



Non Profit Org.
U.S. Postage Bulk Rate
PAID
Washington, IN 47501
Permit No. 214

Name _____ M _____ F _____ Birthdate _____ Age _____ E-Mail _____

Address _____ City _____ Zip _____

Phone _____ School _____ Current Grade _____

Parent's Name _____ Home Phone _____ Work/Cell Phone _____

Spouse's Name _____ Home Phone _____ Work/Cell Phone _____

Years Experience _____ Shirt Size: Youth S (6-8) M (10-12) L (12-14) Adult S M L XL

Request: Brother _____ Sister _____ Other _____

Date _____ Receipt # _____ Amount Paid _____ Staff Initials _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM. FORM MUST BE SIGNED BY PARENT/GUARDIAN
MAIL REGISTRATION WITH PAYMENT OR REGISTER AT THE YMCA

INDOOR SPEED SOCCER

This fast paced, action-packed sport combines basic soccer play in a walled area. The result will be irresistible fun with a challenging new team sport.

WHAT IS Y-INDOOR SOCCER?

The purpose of Y-Indoor Soccer is to improve basic soccer skills, foster an attitude of good sportsmanship, and generate respect among team members, opponents, officials, and coaches. But most importantly, the purpose of Y-Indoor Soccer is to have FUN!!!

JOIN NOW

Everyone Plays
No Tryouts or Cuts
Physical Fitness
Team and Fair Play



COACHES AND OFFICIALS

Y-Indoor Soccer is for parents too! Be a Coach or an Official. Your active participation is essential to the success of the program. See the registration form.

FINANCIAL ASSISTANCE
is available

ACCIDENT INSURANCE
is not provided



RECREATIONAL LEAGUE:

Individual participants will be assigned to teams by the coordinator and the coaches.

GAMES:

All games are held at the Daviess County Family YMCA. (Two games a week, games held on Monday or Thursday & Saturdays.)

WHO CAN PLAY?

Girls and boys 4-9 years of age. (Age grouping depends on enrollment)

WHEN?

November 2 - December 5, 2015

FORMAT:

AGE on October 1 determines division.

FEES:

\$28/MEMBER \$56/NON-MEMBERS
\$62 FAMILY

EQUIPMENT:

Shorts, socks over shin guards and tennis shoes.

DRAFT MEETING:

October 21, 6:30 p.m.

COACHES MEETING:

October 28, 6:30 p.m.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

_____ would like to volunteer my services as:

Manager _____ Official _____ Scorekeeper _____ Draft Committee _____ Other _____

Youth Sports programs are based on volunteers, thanks for your participation.

In an emergency, contact 1. _____ Phone _____

(other than parents) 2. _____ Phone _____

In the event that I cannot be reached in an emergency, I hereby give my permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment for, and to order injections, or anesthesia for my child _____ . I hereby state my child is free from all communicable diseases and has not been treated for any such disease within the past six months, and has received all required immunizations.

Date _____ Parent or Guardian Signature _____