



FOR YOUTH DEVELOPMENT®  
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# GET YOUR HEAD IN THE GAME

## Youth Co-Ed Fall Soccer SCOTT COUNTY FAMILY YMCA FIELDS

Get your head in the game with Fall Soccer at the Scott County Family YMCA. Participants will be split into four age groups U4 (3 year olds), U6 (4-5 year olds), and U8 (6-7 year olds). Practice nights will be determined by age groups. Each age group will be split into teams that practice together, but all practices will be held academy style. All games will be held on Saturday mornings. The season includes 7 weeks of games and practices with a 6 game guarantee. Participants will receive a team t-shirt. In order to play all children must wear shin guards at both practices and games. Cleats are not required but if your child chooses to wear them they must be soccer or all purpose cleats-no baseball or football cleats.

### Ages

Boys & Girls 3-7 years old

### Dates

September 1st-October 17th

### Practices

U4-Tuesdays 5:30-6:15 pm

U6-Tuesdays 6:15-7:00 pm

U8-Wednesdays 5:30-6:30 pm

### Registration

Members: \$40

Nonmembers: \$60

Register before August 24th to avoid \$10 late fee

Financial assistance is available

No refunds after the first week of practice



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#### SCOTT COUNTY FAMILY YMCA

805 W Community Way Scottsburg, IN 47170

P 812 752 9622 [www.scfy.org](http://www.scfy.org)

Contact: Tony Stidham [tstidham@scfy.org](mailto:tstidham@scfy.org)



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## 2015 Fall Soccer Registration Form

### Participant's Information

Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Shirt Size: \_\_YS(6-8) \_\_YM(10-12) \_\_YL(14-16) \_\_AS \_\_AM \_\_AL \_\_AXL

YMCA Member: \_\_Yes \_\_No

### Parent/Guardian Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Program Information

#### Age Group:

\_\_\_\_ U4 (3 years old) \_\_\_\_ U6 (4-5 year olds) \_\_\_\_ U8 (6-7 Year olds)

Special Request (coach preference, carpooling, practice time preferences, etc.)

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\*Note – The Y may not be able to accommodate all request made.

I hereby certify the program participant is in normal health and capable of safe participation in the sports program. I assume incidental to the conduct of this program and will provide transportation to and from the program. I hereby authorize the YMCA treatment in the event that the parent(s) and the emergency contact cannot be reached. I also understand pictures and video of participants may be used in future publication & flyers of the Scott County Family YMCA.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Volunteer Coach Information \_\_ Head Coach \_\_ Assistant Coach

Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ T-shirt size: \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_