



**Legacy Christian School
After-School
Enrichment Soccer
Clinics & Games**

Registration is first-come-first-serve
(Some age groups may fill-up before others)

**REGISTRATION IS OPEN TO ANY STUDENT ATTENDING
LEGACY CHRISTIAN SCHOOL**

Fees:

FREE 1-Day Try-It Clinic—Wed, April 11, 3:15-4:15pm

After-School Soccer Enrichment: \$40

Session:

April 26 through May 24

Thursdays

3:15-4:15pm

Location: Legacy Christian School

Register by:

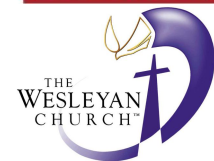
Mail: FishersYMCA, 9012 E. 126th
Street, Fishers, IN 46038

Phone: (317) 595-9622

Fax: (317) 577-2069

In Person: Fishers YMCA, 9012 E.
126th Street

Or In Person: BAS Program Site



Questions: Mona, 558-3216

YMCA MISSION: To put Christian Principles into practice through programs that enhance personal growth and improve the health of spirit, mind, and body for all.



**Fishers YMCA
9012 East 126th Street
Fishers, IN 46038**



After School Enrichment Soccer

Meets Thursdays for 5 weeks from 3:15-4:15pm at Legacy Christian School. All equipment will be supplied.

Meet in Gym on first day.

This is an instructional clinic designed to promote motor skill development, coordination and teamwork. Fun games will also be a part of weekly activities.



Our next Enrichment Program will be Flag Football in September, 2012

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LEGACY CHRISTIAN SCHOOL**

Registration Steps:

- 1) Fill out Registration side of this form. Retain the information side for your records.
- 2) Hand in or Mail registration with payment to: Fishers YMCA

To check to see if the enrichment program has been cancelled due to weather, go to the Fishers YMCA website for Details. Program will not meet on days schools does not meet.



www.indymca.org

(Click on Fishers Branch @ drop down,
Look under picture for "What's New @ Fishers YMCA")



...that they all should be one, Father, just as you are in me and I am in you. May they also be in us so that the world may believe that you have sent me. - John 17:21

Tear Here

Legacy Christian School/ YMCA After School Enrichment Soccer Clinics & Games

Please Mark Age Group:

1-Day FREE Try-It Soccer Clinic: Ages 6-10, April 11

Legacy Christian School After-School Sports: Thur Age 6-7 Thur Age 8-10



Teacher's Name: _____

Child's Name _____ Date of Birth _____ Sex: M F

Home Phone _____ E-mail _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Parent Date of Birth _____ Phone _____

FINANCIAL ASSISTANCE in the form of waiver or reduction of fees is available subject to qualification of personal need, enrollment limitations, and resources of our YMCA.

In consideration of my participation in the activities of the Young Men's Christian Association, I do hereby agree to hold free from any and all liability the Hamilton Southeastern Schools, the YMCA and their respective officers, employees and members and do hereby for myself, and heirs, executors and administrators, waive release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA. I declare myself and/or child to be physically sound, having medical approval to participate in activities of the YMCA. The YMCA has my permission to use photographs and/or videos of my child in YMCA promotional material. Please list special health concerns: _____

Parent/Guardian signature _____ Date _____ / _____ / _____