

NON-PROFIT ORGANIZATION
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PERMIT NO. 1589
SPRINGFIELD, MO



MONETT AREA YMCA
205 Euclid St.
Monett, MO 65708
www.monettymca.org
(417)235-8213



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

HAVE AN ACTION PACKED FALL

**Age 4 - 8th grade
Flag Football
& Soccer
MONETT AREA YMCA**



Practice times for all flag football and soccer teams will be determined by the coach and will fall on a Mon.-Fri. evening. The only way to control the practice time is to volunteer as a coach. Training will be provided. For more information contact the MONETT AREA YMCA.

Youth Soccer League

Games played on Saturdays. Seven week schedule. Rain outs will be scheduled on weekday evenings.

For guaranteed placement register by: August 26th

Practices Begin: Week of Sept. 5th

Games Begin: Sat, Sept. 24th

Location: Monett South Park Sports Complex

YMCA Family Member Fee: \$15

Non-Member Fee: \$40

Divisions: (Coed) Ages 4&5, Kindergarten, 1st & 2nd, 3rd & 4th, 5th & 6th, 7th & 8th Grade.

Divisions subject to change based on registrations
Coaches Mtg.: . . . Coaches will be contacted

Youth Flag Football League

Games played on Saturdays. Seven week schedule. Teams play 5 vs. 5. Rain outs will be scheduled for weekday evenings.

Practices Begin: Week of Sept. 5th

Games Begin: Sat. Sept. 24th

Location: Monett South Park Sports Complex

YMCA Family Member Fee: \$15

Non-Member Fee: \$40

Divisions: Divisions: (Coed) Age 4 – K , 1st-2nd , 3rd- 5th
Coaches Mtg.: . . . Coaches will be contacted



Your Local School District neither endorses nor sponsors the organization or activity represented in this document. The distribution of this material is provided as a community service.

NO GATE FEES FOR SPECTATORS!

Admission is free to YMCA events.

MONETT AREA YMCA Registration

Choose Sport: SOCCER / FLAG FOOTBALL

Return completed form and payment to 205 Euclid St., Monett, MO, 65708

Child's Name: _____ School Attending: _____ Grade: _____

Date of Birth: _____ Age as of Sept. 24, 2011: _____ Sex: M / F

Home Phone: _____ Work Phone: _____ Cell Phone _____

Do you use text messaging? YES NO

Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____ e-mail: _____

Is parent available to coach? Yes No Co-coach? Yes No Name: _____

Shirt Size (Circle): YS (6-8) YM (10-12) YL (14-16) AS AM AL XL

In consideration for Ozarks Regional YMCA ("the YMCA") agreeing to allow me to use the facilities and services of the YMCA, I, agree to the following: I am fully aware of the risks inherent in the physical activities and programs at the YMCA, and I agree to only engage in and only permit my family members to engage in activities and programs at the YMCA which are appropriate for me and my family. I will indemnify, defend, and hold harmless the YMCA and its agents, officers, employees, and volunteers for any claims against them as a result of any use of YMCA facilities and programs by me or my family. I consent to the YMCA using, for publicity and promotional purposes, the names and photographs of me and my children, participating in any YMCA program. The laws of the State of Missouri shall govern this Agreement. Jurisdiction and venue of any legal action regarding this Agreement shall be exclusively in the Circuit Court of Greene County, Missouri. If any provision of this Agreement is held to be unenforceable or void, the remaining provisions shall remain in force and effect. I have read and understand the terms and conditions of this Agreement. I am above the age of 18 years.

Code of Ethics: I will encourage good sportsmanship and positive support for all players, coaches, and officials. I will implement the YMCA's four character values of Caring, Honesty, Respect, and Responsibility. I will encourage a positive and enjoyable experience for all. I will respect all players, coaches, and fans involved, regardless of race, sex, creed or ability.

Signature: _____ Date: _____

Refund Policy:

No refunds will be granted after a program has begun. A voucher may be issued at the discretion of the program director. A voucher must be used within one year of issue date.

FINANCIAL ASSISTANCE APPLICATION:

If your child receives free or reduced lunch at school, the following rate may be used:

___ Free Lunch or Reduced Lunch: Soccer / Flag Football \$15

I certify that the above information is true. Financial assistance for programs and membership is available. Families and individuals needing assistance are encouraged to apply. If the above range does not meet your needs you may apply for further assistance at the Monett YMCA offices. The undersigned Parent or Student hereby requests, authorizes and consents to the release of certain education records and other records regarding the above-described Student pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. 123g, et seq.; its regulations 34 C.F.R. Part 99; and, any other applicable federal or state statute.

Signature: _____

Office Use Only:

Rec # _____ Date Pd. _____

Rec'd by _____ Amount _____