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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AIM FOR YOUR GOAL!

Pee Wee Indoor Soccer League SANDUSKY COUNTY YMCA



CHECK OUT
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OUR NEWEST WAY TO COMMUNICATE
TO PARENTS!

This is a co-ed program for **4-6 YEAR OLDS** boys and girls that are interested in playing soccer. Our introductory program will teach fundamentals including: position and movement, dribbling skills, and defensive skills. Teams will practice twice a week until games begin. Once games begin, practices will continue once a week with games played on **SATURDAYS**. **Volunteer coaches are always needed and appreciated!**

REGISTRATION: August 28 - Oct 2*
*Registration after date are not guaranteed team placement and/or a t-shirt

SEASON: October 9 - December 16

COST: Member Fee: \$18
Non-Member Fee: \$38

QUICK FACTS

- Coaches meeting on Wed. Oct 4th
- Practices twice a week until games begin
- Practices start week of October 9
- Games begin the week of Nov 4
- Picture Days/Times TBA

Questions, contact Ryan at RyanF@frymca.org or 419-332-9622

Name:	Grade:	School:	DOB:	Gender: M F			
Address:		City:	Phone:				
Child's T-Shirt Size (circle one):		Y Sm (6-8)	Y Med (10-12)	Y Lg (14-16)	Ad Sm	Ad Med	Ad Lg
Parent/Guardian Name:				Request:			
Email (used for updates and communication):							
<input type="checkbox"/> YES, I am willing to serve as a volunteer:		<input type="checkbox"/> Head Coach	<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Referee	Shirt Size: _____		

Sandusky County YMCA Waiver: I hereby authorize the staff of the Sandusky County YMCA to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Sandusky County YMCA from any and all liability for injuries or illnesses incurred while participating in its programs. I understand that participation carries some risk of injury. All participants must disclose any/all communicable diseases/conditions on medical waiver prior to first practice. The Sandusky County YMCA is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the participant's family. The YMCA will be taking pictures. I hereby grant permission for program participant to be photographed and for the photograph to be used for promotional purposes by the Sandusky County YMCA.

Signature of Parent/Guardian: _____ **Date:** _____



Please return form to the YMCA front desk or mail with payment to:
Sandusky County YMCA – 1000 North St. – Fremont, OH 43420

