



CHECK OUT  
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 OUR NEWEST WAY TO COMMUNICATE  
 TO PARENTS!

FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# GOAL!

## 9-10 Yr Old Indoor Soccer League SANDUSKY COUNTY YMCA



This is a co-ed program for children ages 9-10 years old. Teams will practice once or twice a week for one hour each practice until games begin. Once games begin, practices will be reduced to once a week. Games will be on Saturday afternoons. Fundamentals to be taught: position and movement, ball dribbling skills, and shooting skills. Practice days and times are determined by our volunteer coaches. We will try, but cannot guarantee to accommodate requests. Registration forms received after the registration deadline cannot guarantee team placement and/or t-shirt.

**Volunteer coaches are always needed and appreciated!**  
**GAMES ARE ON SATURDAYS**

**REGISTRATION:** December 4 - January 7

**PROGRAM RUNS:** January 15 - March 24

**GAMES:** Saturdays beginning February 17

**PLAYERS WILL BE DRAFTED ONTO TEAMS**



SANDUSKY COUNTY YMCA  
 1000 NORTH STREET  
 FREMONT, OH 43420  
  
[www.ATtheY.org](http://www.ATtheY.org)  
 FIND US ON FACEBOOK & TWITTER!

**MEMBER FEE: \$18**  
**NON-MEMBER FEE: \$38**  
**PARENT T-SHIRTS: \$12**  
 (optional)

QUESTIONS, CONTACT Ryan AT [RyanF@frymca.org](mailto: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**

