



GO AFTER YOUR GOALS!

PEEWEE OUTDOOR SOCCER LEAGUE

This is a co-ed program for 4 - 6 year olds, and a great way to introduce your child to outdoor soccer. Fundamentals of the game will be taught in a fun and playful environment through activities and games. Players will be responsible for having their own shin guards and socks to cover. Practices will be held twice a week until games begin, then once a week, with days and times set by the volunteer coaches. Games will be played on Thursday evenings.

Volunteer coaches are always needed and appreciated!

EARLY REGISTRATION: MARCH 12 - APRIL 6
OPEN REGISTRATION: APRIL 7 - APRIL 20
PROGRAM RUNS: APRIL 23 - JUNE 30

FEES: MEMBER \$18 EARLY REG / \$25 OPEN REG
NON-MEMBER \$38 EARLY REG / \$45 OPEN REG

COACHES MEETING: WED, APRIL 18

REGISTER EARLY TO GUARANTEE PLACEMENT AND BEAT THE PRICE INCREASE!



**QUESTIONS? CONTACT MOLLY AT
 419-332-9622 OR
 MOLLYN@FRYMCA.ORG**

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 T-Shirts (optional) \$12 each:	Ad Sm	Ad Med	Ad Lg	Ad XL	Ad 2XL	
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 <input type="checkbox"/> 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
 PEEWEE OUTDOOR SOCCER**

