



**STATELINE FAMILY YMCA BELOIT BRANCH
YOUTH SOCCER
SPRING 2010
BOYS & GIRLS
Ages 4-K and Grades 1-8**

NEW THIS YEAR- The first two weeks will be a **Clinic**, with instruction from the **Beloit Memorial Varsity and J. V. Soccer coaches and players**. The remaining six weeks will be games where we will use the skills learned during the clinics We will place a strong emphasis on the **fundamentals** of the game in an atmosphere where your child can develop good team building characteristics and have fun in a safe environment. This is a very popular program and has a limited number of openings, so register early!

DIVISIONS:

<u>Mighty Mites</u> Ages 4-K	<u>Dribblers</u> 1st-2nd grades	<u>Trappers</u> 3rd-4th grades	<u>Goalies</u> 5th-8th grades
Session runs for 8 weeks: April 10 – May 29, 2010 All Divisions will practice during the week at locations to be announced and will play games on Saturdays at the Youth Sports Complex, times TBA.			

FEES: Stateline Family YMCA Members \$25.00
 General Public \$45.00

All youth sports participants must purchase a reversible YMCA youth sports jersey which may be used throughout the year for all sports. If your child has a reversible jersey from a previous sports season then you do not need to purchase another shirt.

Contact Brian Berner at the Beloit YMCA
(608) 365-2261 with any additional questions.

Registration Deadline: Saturday March 28th

\$5.00 late fee for all late registrations.

No child denied due to lack of funds

Detach and return to the YMCA

With your payment

**Youth Spring Soccer Registration
Registration Deadline: March 28th**

- Ages 4-K Mighty Mites
- Grades 1& 2 Dribblers
- Grades 3& 4 Trappers
- Grades 5-8 Goalies

Name of Player _____

M/F _____ D.O.B. _____ Age _____

Address _____

City/State/Zip _____

Phone _____

School _____ Grade _____

Stateline Family YMCA Member Yes No

Please place with Player or Coach: _____

*We do not guarantee, but every attempt will be made to honor requests for coaches or teammates.

T-Shirt Size (if needed):

- Youth Medium (10-12) Adult Medium
- Youth Large (14-16) Adult Large
- Adult Small already have jersey

Father's Name _____

H _____ W _____

Home and Work Phone Numbers

Mother's Name _____

H _____ W _____

Home and Work Phone Numbers

PLEASE COMPLETE OTHER SIDE

STATELINE FAMILY YMCA - BELOIT BRANCH YOUTH SOCCER SPRING 2010



IMPORTANT NOTES

- **REGISTRATION DEADLINE: March 28th**
- **Session runs for 8 weeks: April 10 – May 29, 2010.**
- **The Soccer Clinics and Games will be played at the Youth Sports Complex, 3301 Prairie Ave in Beloit**
- **Wear tennis shoes or soccer shoes, comfortable shorts or sweatpants and a reversible YMCA Youth Sports Shirt (can use one from fall sport or purchase a new one). Shin guards are recommended but not required.**
- **Teams will be formed by school and geographic locations.**
- **All players will be contacted as to their assigned coaches and practice times prior to the 1st practice.**
- **Parents please provide a number at which coaches can definitely reach you.**
- **Coaching Volunteers see information below.**

Coaches' Meeting:

7:00 p.m. Thursday, April 1st at the Sports Complex.

Players will be called by their coaches after this meeting with practice times and locations.

We need and appreciate your help!!

The success of our programs depends upon parent involvement with their children. Volunteer coaches are needed to lead the players. This clinic is designed to allow coaches to ask questions, see **specific drills** and get an explanation of rules that will be stressed during the season. Each coach will receive a packet that will give easy to follow drills and hints for a more productive practice. All interested parents should indicate their willingness to help on the information sheet below.



Medical Information

List any medical problem or prohibition the player may have:

Person/Phone number to notify in an emergency:

Doctor/Phone Number to notify in an emergency:

Hospital preference, if any:

I hereby give consent for medical care or medicine prescribed by a duly licensed doctor for the previously named participant as his or her guardian and that this care may be given whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature

VOLUNTEER FOR YMCA YOUTH SPORTS

Name

Phone Number

Head Coach Assistant

Concession Stand

We need and appreciate your help!