



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INDOOR TOT SOCCER



Age Groups (3-4) and (5-6)
AMERICANA YMCA

WEEKNIGHT PRACTICES. GAMES ON THURSDAY NIGHTS.

Registration August 1 - September 5
\$20 Late fee begins September 6

Coaches Meeting Sep 12 6:00pm

Practices: Begin week of September 16th. One per week. Season ends October 31.
Game Dates: September 26, October 3, 10, 17, 24, 31

FEES:

Member \$55
Program Participant \$105

UNIFORMS:

The YMCA will provide team shirts.
Participants are responsible for mandatory attire such as closed toe athletic shoes and shin guards.

GAME FORMAT:

3-4 year olds (4 vs 4) No Goalie / 5 minute quarters (2 min quarter break, 5min half)
5-6 year olds (5 vs 5) No Goalie / 6minute quarters (2 min quarter break, 5min half)

4200 Liberty Way
Zachary, LA 70791
225-654-9622

Contact: Henry Abrahams
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CIRCLE ONE: Age Group 3-4 5-6

THE Y RESERVES THE RIGHT TO ADJUST AGE DIVISIONS BASED ON THE NUMBER OF PARTICIPANTS IN A GIVEN AGE GROUP.

Child's Name _____

Address _____ City/State/Zip _____

Primary Contact Person: _____

Primary Phone _____ Primary E-mail Address _____

Sex _____ Age _____ DOB ____/____/____ School _____ Grade _____

Shirt Size: Circle One 4-5 XSM 6-8 SM 10-12 MD 14-16 LG AS AM

If Possible, I would like my child to be Coached By _____

If Possible, I would like my child to Play with _____

Are You Interested in being a Volunteer Coach? If so, Head Coach _____ OR Assistant Coach _____

Volunteer's Name _____ Volunteer's Phone Number _____

Volunteer's Email Address _____ Volunteer's Shirt Size _____

Age Requirements: Players must be the appropriate age before/on **August 1st 2019** A child may play up one division if they are turning the next age within the current league dates.

Refund Policy: Registration fees are non-refundable after the registration deadline. No Refund will be given for unmet requests for coach, team/teammate, or conflicts with practice and game sites or times. All qualifying refunds are subject to a \$25 administration fee.

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose my child to risk of injury. I agree to hold the YMCA harmless from any claims that may occur through participation to any property or injury to persons, which may occur through the participation in any activity at the YMCA, or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for my child to an appropriate facility for treatment. I assume all financial responsibility for program fees incurred as result of my child participating in this YMCA program. I authorize the YMCA to use any images taken of my child for promotional purposes of the YMCA. My child's family members will adhere to YMCA Good Sportsmanship behavior. I have read and understood the above information. My child has permission to participate in this YMCA program in accordance with the conditions set forth above.

Signature of Parent or Guardian _____ Date _____

CONTACT: Program Director

Henry Abrahams

225-654-9622