YOUTH SOCCER

3 years old–4th Grade
September 15th – October 22nd

Lil’s (3–5 years old) & Kindergarten Registration Fee
YMCA Member          $40.00
Non–Member            $55.00

1st–4th Grade Registration Fee
YMCA Member          $48.00
Non–Member            $65.00

Youth Sports Jerseys $10.00
(Used for all Youth Sports Programs)

Coaches Clinic
Tuesday, September 8th at 5:30pm
(Zoom Meeting)

1st–4th Grade Practice Begins
September 15th

Lil’s/Kindergarten Practice Begins
September 16th

1st/2nd (Girls)
Tuesdays & Thursdays 4:45–5:45pm

1st/2nd (Boys)
Tuesdays & Thursdays 4:45–5:45pm

3rd/4th (Girls)
Tuesdays & Thursdays 6:00–7:00pm

3rd/4th (Boys)
Tuesdays & Thursdays 6:00–7:00pm

PROGRAM NOTE: Teams are limited to 9 players
and each session is limited to 36 participants.

Kandiyohi County Area Family YMCA
1000 Lakeland Drive SE
P.O. Box 757– Willmar, MN 56201
320-222-9622 www.kandiymca.org
Questions Contact- mats@kandiymca.org
2020 FALL YOUTH SOCCER

1. PARTICIPANT INFORMATION
   - YMCA Member
   - Non-member
   - First ___________________________ Last ___________________________
   - DOB ___________________________ Age ___________________________
   - Gender ___________________________
   - Street Address ___________________________ City ___________________________
   - Age ___________________________ State _______ Zip _______
   - Emergency Contact Name ___________________________ Phone ___________________________
   - School ___________________________

2. PARENT INFORMATION
   - Full Name ___________________________ DOB ___________________________
   - Email ___________________________
   - Primary Cell ___________________________
   - Mailing address same as participant
   - Mailing address same as participant
   - Full Name ___________________________ DOB ___________________________
   - Email ___________________________
   - Primary Cell ___________________________
   - Alternative Mailing Address ___________________________
   - City ___________________________
   - State ___________________________
   - Zip ___________________________

3. VOLUNTEER ASSISTANCE
   - Head Coach
   - Assistant Coach
   - Referee
   - Full Name ___________________________ DOB ___________________________
   - Email ___________________________
   - Primary Cell ___________________________
   - Shirt Size ___________________________
   - I previously filled out a background check for Youth Sports
     - Yes
     - NO
   - If NO, I completed a background check today
     - Yes
     - NO

4. SPONSORSHIP/DONATION
   - I would like to sponsor a YMCA program. Contact me at: ___________________________
   - I want to help a deserving child participate in a YMCA program:
     - $25
     - $50
     - $75
     - $100
     - Other Amount ___________________________

5. PAYMENT INFORMATION
   - I have attached a check or cash for the selected session.
   - I would like to have the registration fee auto-debited from my YMCA membership account.
   - Signature ___________________________ Date ___________
   - Staff Initials _______

By signing, I authorize the YMCA to use pictures of my Child for Promotional Purposes.