



YOUTH SOCCER

3 years old–4th Grade

September 15th – October 22nd



Lil's/Kindergarten

Lil's (3-5years old)

Wednesdays 4:45-5:30pm

Kindergarten (Girls & Boys)

Wednesdays 5:45-6:45pm

Lil's (3-5years 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.kandiyymca.org
Questions Contact- mats@kandiyymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**KANDIYOHI COUNTY AREA FAMILY YMCA
YOUTH PROGRAM REGISTRATION**

2020 FALL YOUTH SOCCER

1 PARTICIPANT INFORMATION YMCA Member Non-member

First _____ Last _____ Gender _____

DOB _____ Age _____ Grade _____ School _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Phone _____ Relationship _____

2 PARENT INFORMATION

Full Name _____ DOB _____ Mailing address same as participant

Email _____ Primary Cell _____

Full Name _____ DOB _____ Mailing address same as participant

Email _____ Primary Cell _____

Alternative Mailing Address _____

City _____ State _____ Zip _____

3 VOLUNTEER ASSISTANCE Head Coach Assistant Coach Referee

Full Name _____ DOB _____ Shirt Size _____

Email _____ Primary Cell _____

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.