

Olean Family YMCA Youth Indoor Soccer League

YMCA Youth Indoor Soccer League

YMCA Staff and Volunteers will form the teams based on their observations at the Player Evaluation Day. Emphasis will be placed on participation, learning the fundamental skills of passing, shooting, dribbling and defense from volunteer coaches.



Sign up
today!

- Season Dates:** May 1 – June 26, 2010
- Registration Location:** Olean Family YMCA, 1101 Wayne St., Olean
- Registration Dates:** **Monday, March 15 - Friday, April 30, 2010**
- Player Evaluation Day:**
- 4 & 5 year old Co-ed:** Saturday, May 1, 9:00 am
 - 6 & 7 year old Boys:** Saturday, May 1, 10:30 am
 - 6 & 7 year old Girls:** Saturday, May 1, 12:00 pm
 - 8 & 9 year old Boys:** Saturday, May 1, 1:30 pm
 - 8 & 9 year old Girls:** Saturday, May 1, 3:00 pm
- Practice Begins:** Week of May 10, 2010
- Day/Time:** Practices: Weekdays
Games: Saturdays
- Registration Fee:** **Members: \$30 / Public: \$60**
(Registration fee includes league play, practices, skills clinic, end of season party and uniform shirt.)
- Parent Packets:** Available at the YMCA after 5:00 PM on Wed., May 5, 2010

Olean Family YMCA
1101 Wayne St. • Olean, NY 14760 • 716-373-2400



We build strong kids, strong families, strong communities.

Parent Packet

Packets include your child's practice schedule, coach information, team roster, and any other information pertinent to the season. *Parent packets will be available at the YMCA after 5:00 pm on Wed., May 5, 2010.*

Financial Assistance

Financial assistance is available for participants in need. Call the YMCA at 373-2400 to apply.

Volunteer Coaches

In any youth sport league, the volunteer coach is the most important key to a successful season. The YMCA is looking for adult coaches to help develop youth in Cattaraugus County. Please check the box on the registration form below to volunteer as a coach and make an impact in the lives of our youth this season.

Each volunteer will attend a mandatory coaches meetings on April 29 @ 6:00 pm at the Y.

Save the Date

My Player's Evaluation Day is: _____ @ _____

Olean Family YMCA – Youth Indoor Soccer League (Please make checks payable to the Olean Family YMCA)

Child's Name: _____ DOB: ____/____/____ Age: _____ Gender: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____ Grade: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Family Email address: _____ (will be used for parent communication)

I would like to volunteer as: Coach Assistant Coach Referee

Coaches Information: Name _____ Contact Phone Number _____ Email _____

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large XL 2XL 3XL

Please circle your child's soccer skill level: (1 = Beginner, 5 = Advanced) 1 2 3 4 5

Please indicate your child's height and weight. _____ft. _____in. _____lbs.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I understand that the Olean Family YMCA assumes no responsibility for injuries or illness, which my child may sustain as a result of his/her physical condition or resulting from his/her athletic activities, sports program, aquatic program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my child's participation in these activities. I hereby release and discharge the Olean Family YMCA, its agents, servants and employees from any and all claims for injury, illness, death, and loss or damage which my child may suffer as a result of his/her participation in these activities.

I understand that the Olean Family YMCA is not responsible for personal property lost or stolen while a member and/or program participant while on the Olean Family YMCA premises.

I give my permission to the Olean Family YMCA to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include me or my family's image or voice for the purposes of promoting or interpreting the Olean Family YMCA programs.

I acknowledge the waiver set forth above and being in sympathy with the Mission Statement of the Olean Family YMCA agree to sign the waiver.

Signature of Applicant/Parent/Guardian

Date

Name of Child in Program/Programs

OFFICE USE ONLY

Amount paid \$ _____ Payment – Cash, CK, VS, MC, SCH

Date _____ Receipt # _____ Staff Initials _____