

 **U6 FALL COED SOCCER**
SEPTEMBER 14 - OCTOBER 22, 2020

for Boys and Girls Age 4 - Kindergarten

Your child will learn the fundamentals of soccer with their friends and classmates. Volunteer coaches lead practice once a week, with an emphasis on fun and learning the sport of soccer. The fee includes a t-shirt.

The day and time in each community is listed below. Soccer cleats are optional, shin guards are required. For more information, please contact Ashley at arietbrock@sheboygancountyyymca.org or 920-467-2464 x207. Registration forms for the spring season will be available in March 2021.



CEDAR GROVE
SEPTEMBER 17 - OCTOBER 22

Day & Time
 Thursday4:00pm - 5:00pm

Location
 CGHS Varsity Soccer Field
 321 North 2nd St, Cedar Grove

HOWARDS GROVE
SEPTEMBER 14 - OCTOBER 19

Day & Time
 Monday5:00pm - 6:00pm

Location
 Northview Elementary School
 902 Tyler Rd, Howards Grove
(field is on west side of school)

SHEBOYGAN FALLS
SEPTEMBER 16 - OCTOBER 21

Day & Time
 Wednesday...5:45pm - 6:45pm

Location
 Rochester Park
 710 Hickory St, Sheboygan Falls

SHEBOYGAN FALLS YMCA 2020 FALL U6 COED SOCCER

Return to the Sheboygan Falls YMCA **-or-** bring form/payment on the first day of soccer in your community.

Name _____ Birth Date _____ Grade _____ M F
 Address _____ City _____
 State _____ Zip Code _____ Phone 1 _____ Phone 2 _____
 Parent/Guardian _____ Email _____

Parent Volunteer Coach

Name _____ Phone _____ Email _____

Hold Harmless Agreement

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for my child to participate and be photographed in YMCA activities.

Parent Signature _____ **Date** _____

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|--|--|---|---|
| <input checked="" type="checkbox"/> Community | <input checked="" type="checkbox"/> Grade | <input checked="" type="checkbox"/> T-Shirt Size | <input checked="" type="checkbox"/> Fee* |
| <input type="checkbox"/> Cedar Grove | <input type="checkbox"/> Preschool | <input type="checkbox"/> Youth XS | <input type="checkbox"/> \$24.00 YMCA Family Member |
| <input type="checkbox"/> Howards Grove | <input type="checkbox"/> 4K Kindergarten | <input type="checkbox"/> Youth SM | <input type="checkbox"/> \$26.00 YMCA Youth Member |
| <input type="checkbox"/> Sheboygan Falls | <input type="checkbox"/> 5K Kindergarten | <input type="checkbox"/> Youth MD | <input type="checkbox"/> \$30.00 Participant |
| | | <input type="checkbox"/> Youth LG | <i>*must be Sheboygan County YMCA member</i> |

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____
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