

Clackamas Family YMCA

2009 Spring Indoor Soccer

For Boys & Girls Co-ed U14 -U18



We build strong kids, strong families, strong communities.

All Forms Mailed to: Clackamas Family YMCA 10121 SE Sunnyside RD Suite 300 Clackamas, OR 97015 (503) 654-8372

Boys & Girls co-ed League

Leagues will be determined based on registrations numbers.

- Designed to enhance self-esteem
- Emphasis on fair play
- No tryouts

Team equality:

Team equality is of primary importance. The YMCA "Cannot Guarantee" that requests for team placement will be honored.

Registration:

- Open Now
- Cost: \$90

Important Dates:

- Registration ends Mar. 15th
- Games begin April 14th
- Practices begin early April (tba)

- **Volunteer!** We need Coaches, Assistant Coaches, and Team Parents.
- **Contacting Participants-** Participants will be contacted by coaches after the coaches meeting regarding schedule.
- **Information-** For more information call the Clackamas YMCA at 503-654-8372 www.ymca-clackamas.org
- **Games-** Played at the Oregon Soccer Center early evening 1 p. week on week nights
- **Practices-** Held at the N. Clackamas Aquatic Park's OIT Gym 1 p. week on week nights

Register Online Before March 15th!

Register online and...

- Save time
- Request your coach & teammates for the season
- Have your registration confirmed by email

Three easy steps...

1. Go to website address: www.ymca-clackamas.org
2. Click on "Spring Sports"
3. Select "Spring Soccer League" and register

Mother's Name _____ Employer _____ Work Phone _____

Father's Name _____ Employer _____ Work Phone _____

Address _____ City _____ Zip _____ Phone _____

Child's Name _____ Height _____ Gender _____ Birth Date _____ Age _____ Grade _____ Email: _____

Playing Experience: Competitive _____ Recreational _____ Yrs played _____ Organizations _____

Shirt Size: (circle one) YM YL AS AM AL AXL School Attending _____

I volunteer as: Coach Asst. Coach Team Parent Coach if no one else is available

Name _____ Drivers License # _____

Coach Request _____ Phone (If known) _____

Teammate Request _____ Phone _____

I have enclosed a (Circle One) Check Cash for: \$90

To pay by credit card: Visa / M/C # _____ Exp. _____ Amount \$ _____

Child's Name: _____ has my permission to participate in the Spring Soccer program, and to participate in photographs taken for publicity purposes. I acknowledge that this activity may be hazardous, and I release the YMCA of Columbia-Willamette from any liability to persons or damage to property. In an emergency, the YMCA has my permission to call an ambulance or take my child to any available physician, at my expense. ****Request for refunds must be received prior to first game. And takes approximately 3-4 weeks to process.**

Parent or Guardian Signature _____ Date _____