



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GAINING SKILLS & CONFIDENCE ONE GOAL AT A TIME

Youth Soccer
MT. MADONNA YMCA



SPRING SEASON: March 26-May 14, 2011

ITTY BITTY SOCCER

Ages	2-3	
Games	Saturdays, 9-10 am	
Location	Galvan Park	
Fee	CRC Member	\$55
	Program Member	\$65*

LITTLE STOMPERS

Ages	3-4	
Games	Saturdays, 10-11 am	
Location	Galvan Park	
Fee	CRC Member	\$65
	Program Member	\$75*

YOUTH SOCCER

Ages	5-6, 7-9, 10-12	
Practice	One weeknight (to be determined by coaches) for one hour	
Games	Saturdays, between 11 am and 2 pm	
Location	Galvan Park	
Fee	CRC Member	\$65
	Program Member	\$75*

* Current Program Membership Required (\$25)

CONTACT US

For more information, call Mt. Madonna YMCA at 408-762-6000 or Centennial Recreation Center at 408-782-2128.

TO REGISTER

Download a registration form at mtmadonnaymca.org and bring the completed form to Mt. Madonna YMCA or Centennial Recreation Center with your payment. You also must sign a liability waiver upon registration. Program fees include a t-shirt, end-of-season medal and certificate.

REGISTRATION DEADLINE

Friday, March 18, 2011

A late fee of \$25 will be added for all registrations received after that date.

FINANCIAL ASSISTANCE

The Y is accessible to all people. Financial assistance is offered to individuals and families who cannot afford the program fees, thanks to the generosity of donors like you to our Annual Giving Campaign. Pick up a confidential application for financial assistance at our Y.

Register now! Space is limited.

YOUTH SOCCER REGISTRATION FORM (one form per player)

Player Name _____

Age ____ Birthdate ____/____/____ Sex: Male Female Number of years played _____

Parent(s) Name _____

Address _____ City, Zip _____

Home Ph _____ Mobile Ph _____

E-Mail _____

Please list the league you are registering for _____

Special Requests _____

T-Shirt Size (shirts are 50% cotton, 50% polyester; select size accordingly): **YS YM YL AS AM AL AXL AXXL**

If you choose a size that does not fit your child, a replacement t-shirt will cost \$6.

Volunteer Opportunities: I am interested in volunteering as a... Referee Team Parent Head Coach Assistant Coach

Volunteer Name _____ T-Shirt Size _____

Note to Parent/Guardian: I hereby certify that the above named child is in normal health and capable of participating safely in soccer at the Y. I grant permission for the above named child to participate in this program.

Parent/Guardian Signature **X** _____

Emergency Treatment Release: As a parent/guardian of _____, a minor, I herewith authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Family Physician _____ Phone _____

Allergies/Conditions (please describe) _____

Emergency Contact _____ Phone _____

X _____

Parent/Guardian Signature _____ Date _____

Approval for distribution of these materials does not imply endorsement by the Morgan Hill Unified School District (Board Policy 1325).

MT. MADONNA YMCA
17666 Crest Ave.
Morgan Hill CA 95037
408 762 6000
mtmadonnaymca.org

CENTENNIAL RECREATION CENTER
171 W. Edmundson Ave.
Morgan Hill CA 95037
408 782 2128

