Oshkosh Community YMCA
3303 West 20th Avenue, Oshkosh, WI 54904

the **Y**
YMCA

"I am a member of a team, and I rely on the team, I defer to it and sacrifice for it, because the team, not the individual, is the ultimate champion."

Mia Hamm

Check out the other exciting programs the Y has to offer.
Call and ask for an Activities Guide today!

United Way

the **Y**
YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DRIBBLE, PASS, KICK: SCORE!

Indoor Youth Soccer

OSHKOSH COMMUNITY YMCA

REGISTER NOW
(Ages 4k–Grade 8)

Registrations are now being accepted for Youth Indoor Soccer. For more information please call the **20th Avenue YMCA** 3303 20th Avenue Oshkosh, WI 54904 (920) 230-8439 or visit our website at www.oshkoshymca.org.

DRIBBLE, PASS, KICK, SCORE!

LOCATION 20TH AVE YMCA
3303 W. 20th Avenue

AGES 4k–Grade 8
Players are separated into teams based on their grade.

ENROLLMENT Open

SESSIONS
FALL
October 25–December 14, 2014
Registration deadline: 10/1/14
No games November 22–23

MEETS Saturdays for 4k–Grade 6;
Sundays for Grades 7–8

A 10-minute practice will be followed by a game of two 20-minute halves.

FEE $39 Y Member (includes t-shirt)
$59 Activity Member (includes t-shirt)

REQUIREMENTS
Soccer shin guards, no outdoor soccer cleats.

REGISTRATION FORM
YMCA YOUTH INDOOR SOCCER LEAGUE

❏ **FALL** Oct 25–Dec 14 (Reg deadline: 10/1/14)
$10 late fee will be assessed after stated deadline.

❏ **Y MEMBER – $39**   ❏ **ACTIVITY MEMBER – $59**

_____

PARTICIPANT NAME (first & last)   **MEMBER** ❏ YES   ❏ NO

Shirt size (circle one) **YOUTH** S / M / L **ADULT** S / M / L / XL

_____

School   Grade   Birthdate/Age   ❏ BOY   ❏ GIRL

_____

Address   City   ZIP

_____

Telephone   e-mail address

_____

Team or coach's name from last year

❏ **I am interested in coaching soccer this year.** Please call or e-mail me at:
❏ **I am interested in becoming a league sponsor.** Please call or e-mail me at:

_____

Name / Telephone / e-mail

❏ I do____ / do not____ give permission to the Oshkosh Community YMCA to use video or photographs of my child in promotional materials.

AGREEMENT: 1) I hereby certify that my child is in good health and capable of safe participation in YMCA Youth Sports. I hereby authorize the Oshkosh Community YMCA, its staff and volunteers, to obtain medical treatment for my child in the event that parents cannot be reached. 2) I hereby waive and release any and all rights for damages I may have against the Oshkosh YMCA, its staff or volunteers for any and all injuries suffered during participation in YMCA activities.

_____

PARENT SIGNATURE   DATE

_____

PARENT – PRINT NAME   ❏ Completed concussion documents.