

## 2019 Union Grove Rec Fall Soccer Registration



Registration Sign Up - Monday, June 3 through Friday, July 12

Cost: \$65.00 per child if registered between Monday, June 3 - Friday, July 5    \$75.00 - July 8-July 12

Season runs: August 3 -September 28th (October 5th and 12th Rain Dates)

Practices will be on weekdays. Games on Saturdays

All completed registration forms turned in after Friday, July 12 will be put on a waiting list.

We need head coaches and assistant coaches to help with Fall Soccer.

Without coaches, we will not be able to provide a soccer program.

Katie Svendsen, YMCA Youth Development & Sports Director, 262-898-4558, ksvendsen@ymcaracine.org

Ryan Thompson, YMCA Sports & Rec Coordinator, 262-902-7917 or recreation@uniongrove.net

Name: \_\_\_\_\_ Name of Parent: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Preferred Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Preferred E-mail Address: \_\_\_\_\_

Team played on last year: \_\_\_\_\_ Shirt Size: YSM YMD YLG ADSM ADM ADL ADXL

|                                       |                          |                                       |                            |
|---------------------------------------|--------------------------|---------------------------------------|----------------------------|
| I would like to play on the same team | <input type="checkbox"/> | <u>Coed Divisions (please circle)</u> | Grade level last completed |
| I want to be on a different team      | <input type="checkbox"/> | Pre K and Kindergarten                |                            |
| Team/coach requests not guaranteed    |                          | 1st and 2nd Grade                     |                            |
|                                       |                          | 3rd and 4th Grade                     |                            |
|                                       |                          | 5th and 6th Grade                     |                            |

I would like my son/daughter to be included in this recreation program. I understand the program is offered on a voluntary basis to provide recreational activities for the children in the area. I know that transportation is my responsibility. I also understand I am responsible for injuries or illness associated with this program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to be a head coach  Coach email address- \_\_\_\_\_

I would like to be an assistant coach  Coach phone number - \_\_\_\_\_

Coach shirt size - \_\_\_\_\_

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|---|
| Paid By:<br>Cash _____ Check _____ Date _____ Check # _____ |
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