



We build strong kids, strong families, strong communities.

St. Cloud Area Family YMCA

320-253-2664

www.scymca.org

MICRO SOCCER

Tuesdays

Ages 3-4 Years Old

5:30-6 pm

6-6:30 pm

Runs from March 16th through April 20th

Saturdays

Ages 3-4 Years Old

9-9:30 am

9:30-10 am

Runs from March 20th through April 24th

YMCA Youth Soccer

focuses on three primary objectives: Fun, Fundamentals and Character Development.

YMCA staff and volunteer coaches teach the fundamental skills of soccer along with values like teamwork, sportsmanship and our core values of Caring, Honesty, Respect and Responsibility. Each weekly session will include soccer skills and drills in a fun learning environment.

Soccer Fees

Members \$20.00

Non-Members \$45.00

Includes a YMCA Participation Medal

Financial Assistance is available by completing the application which is available at the YMCA

If you have any questions please contact Gabe Brunick, Program Coordinator by phone at (320) 253-2664 or email at programdirector@scymca.org

NEW!!! Monthly Swim Lessons

Lessons are offered monthly for all ages (6 months through Adult)

Children begin my learning basic paddles which later develop into strokes and life saving skills.

Registration is also available online at www.scymca.org



Micro Soccer Registration 2010

Player Information

_____	_____	_____	_____
Participant Name	Date of Birth	School Attends	Male / Female Gender
Tuesdays 5:30-6 pm	Tuesdays 6-6:30 pm	Saturdays 9-9:30 am	Saturdays 9:30-10 am

Family Information

_____	_____	_____	_____
Parent(s) Last Name	Parent(s) First Name	Middle Initial	E-mail
_____	_____	_____	_____
Mailing Address	City	State	Zip
_____	_____	_____	
Home Phone	Work Phone	Cell Phone	

Name of Parent participating with Child _____

PARTICIPATION RELEASE

I release the St. Cloud Area Family YMCA, its coaches and officials from all claims of injury which may be sustained by above child while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care. I also agree to follow the St. Cloud Area Family YMCA's sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named participant in its promotional/ educational materials.

_____ Date

Parent/Guardian Signature