

PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

PARENT AGREEMENT

I _____ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

All documents are available online at www.spymca.org/forms

Parent/Guardian Signature _____
Date _____

VALUE ADDED

Youth Soccer (Fall/Spring) is included with your YMCA family membership for only \$10 per season. There is a one time \$15 universal uniform fee. Uniforms can be used over multiple sports. Replacement fee: \$15.

YMCA FINANCIAL ASSISTANCE POLICY

The Stevens Point Area YMCA believes in providing membership and program services to all who desire to participate. The YMCA's financial assistance program, supported in part through contributions to the annual and United Way campaigns, provides membership and program funding for those in need within our available resources.

CREDITS & REFUNDS

If the YMCA cancels a class or if the participant has a medical excuse, a credit or refund will be made. Classes not held for holidays or due to inclement weather are not refundable.

ABUSE PREVENTION

Your child's safety is our priority. That is why the Stevens Point Area YMCA established abuse prevention program. Background checks and references are completed on all employees and volunteers. To view the YMCA Code of Conduct or to learn more about how the YMCA takes steps to protect children, please contact the Associate Executive Director, Joe Seubert, or the YMCA CEO, Sharon Johnson.



STEVENS POINT AREA YMCA
1000 Division Street
Stevens Point, WI 54481



Preschool-Grade 6

SPRING 2020



Youth Soccer League

STEVENS POINT AREA YMCA

OUTDOOR SOCCER

Preschool-Grade 6

The Y recognizes soccer as having excellent fitness and social benefits. This program will allow each participant the opportunity to learn the basic skills and fundamentals of soccer. YMCA staff members will be on the soccer fields for an optional skill development for K-6.

YMCA Soccer Fields

Saturdays, April 18 – May 30, 2020

Preschool (4-5 yrs.) 10:30 - 11:15AM or
11:15AM-12:00PM

Grades K-1 8:30-11:00AM

Grades 2-3 8:30, 9:30 or 10:30AM

Grades 4-6 8:30, 9:30, 10:30 or 11:30AM

*Times may vary from week to week depending on registration.

Exact dates will be provided in welcome letter. The first 2 Saturdays are practices, followed by games. Volunteer coaches and assistant coaches are highly regarded in the program. Financial assistance is available.

FEES

		After April 1
Y Family Member	\$10	\$20
Y Youth Member	\$33	\$43
General Public	\$59	\$69

*If your child needs a jersey, they can be purchased at Member Services for \$15 each.

Schedules/rosters will be available online at www.spyymca.org/forms by Wednesday before first Saturday.

If you have any questions, please call Joe Seubert, 715 952 9301.

Please drop off or mail form(s) to:
Stevens Point Area YMCA
1000 Division Street
Stevens Point, WI 54481

Yes! I'd like to coach a youth soccer team!

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Child's name _____

E-mail _____

Please drop off or mail form(s) to:
Stevens Point Area YMCA
1000 Division Street, Stevens Point, WI 54481

YMCA OUTDOOR SOCCER REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

School _____ Grade _____ Age _____

Birth date _____ Weight _____

Parent/Guardian _____

Phone* _____

*If cell phone, please list provider _____

E-mail _____

(required)

Male Female

Y Family Member \$10*

Y Youth Member \$33* General Public \$59*

*Please add \$10 if registering after April 1

\$_____ (Program Fee) + \$15 Jersey Fee (if needed) = \$_____

Cash Check Visa MC DS AmEx

Account Number _____

Expiration Date _____

Print name of Card Holder _____

Signature _____

AGREEMENT

I hereby certify that the above participant is in good health and capable of safe participation in the YMCA program. I assume all risks and hazards incidental to the conduct of this program. Where applicable, I hereby authorize the YMCA to obtain medical treatment for this participant in the event that a parent or guardian cannot be reached.

I support the YMCA philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

I understand that where applicable, the YMCA will do its best to place the below participant on an equally distributed team talent.

There are no guarantees that the person/team requested will be placed on his/her team.

Player/Team Request _____

Parent/Guardian's Signature _____

Date _____

(PLEASE ALSO SEE THE PARENT/ATHLETE AGREEMENT ON BACK)