



SHEBOYGAN YMCA
 812 Broughton Drive, Sheboygan, WI 53081
 P 920-451-8000 • F 920-451-8019
www.sheboygancountyyymca.org



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

2017 - 2018 YMCA WINTER INDOOR SOCCER LEAGUES

U8 COED INDOOR SOCCER LEAGUE Winter 1 December 5, 2017 - February 6, 2018

Join the fun of this fast paced coed U8 indoor soccer league. Teams will play 8 games between 4:30pm - 6:30pm (based on number of teams) on **Tuesday evening**. This league will meet during the Winter 1 Session only.

- The fee is \$190.00 per team.
- The registration deadline is November 15, 2017.

2017 - 2018 INDOOR SOCCER LEAGUES Winter 1 December 2, 2017 - January 30, 2018 Winter 2 February 10, 2018 - April 7, 2018

Join the fun of these fast paced indoor soccer leagues. Teams will play 6 games per session on Saturday afternoon or evening. There may be an occasional Sunday or Tuesday evening game. Boys/coed and girls divisions include U9/10, U11/12 and U13/14.

- The fee is \$190.00 per team, per session.
- Winter 1 registration deadline is November 15, 2017.
- Winter 2 registration deadline is January 24, 2018.

League Format for All Divisions

- U8 - U12 teams will play 6 vs 6, U13/14 teams will play 5 vs 5. Recommended roster is 8 - 12 players.
- Indoor soccer rules will be followed and all games are officiated.
- Teams must provide their own t-shirts and shin guards are required.
- Games will be played in the Main Gym at the Sheboygan YMCA.
- There is a maximum of two select players on the roster. Select teams must play up one division.
- The rules and schedules will be emailed to coaches. For more information or questions, please contact Mike Burns at mburns@sheboygancountyyymca.org or 920-451-8000 x118.
- **Registration is limited** and will be taken until divisions fill or the deadline. Early registration is recommended.

SHEBOYGAN YMCA 2017 - 2018 WINTER INDOOR SOCCER LEAGUES
 Please return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081

Team Name _____ Shirt Color _____
 School _____ Community _____
 Coach (age 18+) _____ Address _____
 Email _____ Phone 1 _____ Phone 2 _____
 Scheduling Considerations _____

PLEASE CHECK THE BOX IF YOUTH IS A SELECT PLAYER

Player Name	Grade	<input type="checkbox"/>	Player Name	Grade	<input type="checkbox"/>
1. _____	_____	<input type="checkbox"/>	7. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	8. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	9. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	10. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	11. _____	_____	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	12. _____	_____	<input type="checkbox"/>

Hold Harmless Agreement

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for my team to participate and be photographed in YMCA activities.

Coach's Signature _____ Date _____

COED U8 DIVISION <input type="checkbox"/> \$190.00 Winter 1 Only <i>17F2-1YLEAG</i>	GIRLS DIVISION <input type="checkbox"/> U9/10..... Grades 3-4 <input type="checkbox"/> U11/12.... Grades 5-6 <input type="checkbox"/> U13/14.... Grades 7-8	BOYS/COED DIVISION <input type="checkbox"/> U9/10Grades 3-4 <input type="checkbox"/> U11/12.....Grades 5-6 <input type="checkbox"/> U13/14.....Grades 7-8	TEAM FEE PER SESSION <input type="checkbox"/> \$190.00 Winter 1 Session <i>17F2-1YLEAG</i> <input type="checkbox"/> \$190.00 Winter 2 Session <i>18W1-1YLEAG</i>
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Payment
 Cash Check Credit Card # _____ Exp Date _____ 3 Digit Code _____

Receipt # _____ Amt Paid _____ Date _____ Staff _____