

UNITED SPORTS!

FALL 2016 SOCCER



The Downriver Family Y and the City of Southgate Parks and Rec Dept. are partnering together to offer the *United Sports* youth soccer league in Southgate. Youth throughout the area of all abilities are invited to participate in this program whose primary focus is to create a fun experience for children and their families while teaching the fundamentals of soccer and emphasizing character development. Together everyone achieves more!

Sponsored By:



Practices begin the week of **September 12th, 2016**
Practice Day, Time, Location TBD by Coach

EVALUATIONS: **WEDNESDAY, AUGUST 24TH**

AGES 6-7: 5:30 - 6:30PM

AGES 8-10: 6:30 - 7:30 PM

Prices:

\$45 - Y Member/Southgate Residents

\$60 - Community Participant/Non-resident

THURSDAY, AUGUST 25TH:

AGES 11-13: 5:30- 6:30 PM

Prices:

\$55 - Y Member/Southgate Residents

\$70- Community Participant/Non-resident

First Game: Saturday, September 17th

Last Game: Saturday, November 5th



DEADLINE TO REGISTER:

AUGUST 25TH

LITTLE KICKERS (3-5 YEAR OLDS):

Session: September 20th—October 25th—Tuesday evenings @ Davidson Middle School

3-4 year olds: 5:00—5:45 PM

5 year olds: 6:00—6:45 PM

Registration Cost: \$60; or \$45 for YMCA Member or Southgate Resident

*Advanced 5 year olds may choose to play up to 6/7 age division and are welcome to attend 6/7 evaluations



2016 Fall Soccer League

United Sports "Combining forces creating a united community"



Age Group: 3/4 5 6/7 8-10 11-13

YMCA Membership: Member Non-Member

Child's Name: _____ School: _____ Grade: _____

Age as of September 1, 2016: _____ Birth Date: _____ Gender: _____ Seasons Played: _____ Experience Level: Low Medium High

T-shirt size: Youth S M L Adult S M L XL (circle one) Jersey size: (10-14 age only) Youth S M L Adult S M L XL (circle one)

*** Please be cautious as sizes cannot be exchanged.**

Street: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____ Phone: _____ Cell Phone: _____

Email Address: _____

Special Request (practice day and/or teammate): _____

*Requests are not guaranteed, requests must be mutual when requesting a teammate. **No requests** for 10/11 and 12/14 divisions.

I am interested in volunteering as a Coach, Assistant, or Parent Helper YES NO (please circle one) _____

***Participants will receive \$25 off registration if they can bring in a NEW team sponsor.**

Sponsorship forms are available at the Downriver Family YMCA or the City of Southgate—Parks and Recreation Department.

Medical Release Consent Form

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent's Signature: _____ (Father/Mother/Legal Guardian) Date: _____

Other contact in case of emergency: Name: _____ Relationship: _____

Home phone & cell: _____

I hereby release the Downriver Family YMCA, the City of Southgate Parks and Recreation Department and any associated persons or employees from any claims for any injuries, personal losses, or damage done to personal property while on the premises of either the Downriver Family YMCA, the City of Southgate Parks and Recreation, and properties associated with specific programs of these organizations. I further agree to indemnify and save harmless the Downriver Family YMCA, and the City of Southgate from any claims or demands arising out of any such injuries or losses. By signing below, I also authorize the publication of any photography taken for or during this sports program for the use of promoting or advertising further programs, unless I notify the Downriver Family YMCA or the City of Southgate Parks and Recreation Department of my desire to not permit any published photos at the time of registration.

Parent's Signature: _____

Date: _____

FINANCIAL ASSISTANCE

No one is denied participation in Premier Sports due solely to the inability to pay.

Financial Assistance is available for those who qualify. For information, call 734-282-9622

Date: _____ Receipt #: _____ Staff Init.: _____

Amount Paid: \$ _____ Cash Check Credit Card

Credit Card #: _____ Exp. Date: _____

City of Southgate Contact— 734-258-3035
YMCA Contact Tisha Gazley—734-655-0644