

SESSION 7 INSTRUCTIONAL SOCCER

Come join us for a 45 minute Instructional Soccer class where individual technical skills in areas of dribbling, passing, shooting and receiving will be developed through fun and engaging skill drills.

4U Tiny Tots	6U Kangaroo Kickers	8U Super Stars
3-4 Years Old Cost : Member \$48 Non-Member \$72	5-6 Years Old Cost : Member \$48 Non-Member \$72	7-8 Years Old Cost : Member \$48 Non-Member \$72
Session 7: Wednesday 5:30 pm	Session 7: Wednesday 6:15 pm	Session 7: Monday 6:00 pm

The CHASCO Family YMCA Youth Soccer Instructional program has 3 main objectives that are based around the philosophy that "All Kids are Winners." It is our goal that each player will have fun, work on their self-esteem and learn the basic soccer fundamental skills along with motor skill development through the teaching of individual foot skills and concept that "the ball is an extension of your foot." Classes will teach technical skills in the area of dribbling, passing, shooting, and receiving appropriate to their respective age group in a progressive manner.

Session Dates:
(6-WEEK SESSIONS)

#7 Nov 3rd - Dec 15th

PARTICIPANTS NAME: _____

SEX (M /F) AGE:_____ DOB:___ / ___ / ___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____ PHONE NUMBER: _____

EMERGENCY CONTACT & RELATIONSHIP _____

PHONE # : _____ MEDICAL CONDITION _____

(Please Circle One)

4U Tiny Tots

6U Kangaroo Kickers

8U Super Stars

Wed 5:30pm

Wed 6:15pm

Mon 6:00pm

Please INITIAL or ANSWER all lines to indicate received written policies / materials and agree to terms with SIGNATURE below.

_____ ADA Policy (Required): Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child’s enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ Waiver for Medical Treatment (Required): In the event that my child requires emergency treatment and I cannot be reached, I hereby authorize the Y to make arrangements to transport my child to the nearest hospital emergency facility. I also give my consent for any and all necessary medical treatment, if, in fact my child require the attention of a physician.

_____ Waiver for Participation (Required): I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my use of the facilities or participation in the Y program.

_____ Waiver for Photo / Video / Audio Release (Optional): I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ Change / Cancellation / Refund Policy (REQUIRED): I understand that changes / cancellations / refunds are not permitted unless a physician’s note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are at the discretion of the program director.

_____ Compliance (REQUIRED): I have read the rules and policies for Tiny Tots and will comply with everything listed.

Parent / Guardian Signature: _____ Date: _____