

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



CANDY LEAGUE INDOOR SOCCER

AUGUST 3RD – AUGUST 31ST

Candy League and Advanced Candy League are coed summer soccer leagues for boys and girls ages 4–5 and 6–7. In this sweet introduction to soccer, each team is named after a different kind of candy. Teams will have a maximum of 8 players with 3 on the field at a time. Shin guards and soccer socks required; no outdoor cleats permitted. Games will be one-hour on Saturdays between 9am and 1pm in the turf gym.

REGISTRATION CLOSES JULY 27TH

\$55 MEMBERS \$79 PROGRAM MEMBERS



Contact Jacob Hurley 513-932-1424 ext. 190 jacob.hurley@ymcastaff.org **COUNTRYSIDE YMCA**

1699 Deerfield Rd | 513.932.1424 | countrysideymca.org



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Candy League (Ages 4-5) Advanced Candy League (Ages 6-7)				
Name of participant:	Gender:	_ Age:	_ (As of Jan 1, 2024)	
Date of hirth:				

Date of birth:		
Address:	City:	Zip:
Email:		
Phone: () Participant's School	ol:	
Parent/Guardian Name:	Best Phone	e: ()
Emergency Contact: (Non Parent)	Best Pl	hone: ()
Member: Program Member: Shirt Size YS YM YL AS AM <i>A</i>	AL AXL (Please o	circle one)
Interested in Coaching? If yes, Email Address IF YOU WOULD LIKE YOUR CHILD PLACED ON A TEAM WITH SO ALSO INDICATE THE SAME ON THEIR FORM. WE WILL ONLY BENSURE FAIR TEAMS (PLUS SIBLING). WE WILL DO OUR BEST	OMEONE ELSE PLEASE INDIC E ABLE TO PLACE YOUR CHI	LD WITH ONE OTHER CHILD TO
PLEASE PLACE ON A TEAM WITH:		<u> </u>
PLEASE NOTE IF THERE IS ONE DAY YOU CANNOT PRACTICE:		_
Liability Release For Countryside YMCA WAIVER/RELEASE STATEMENT I realize that sports involve vigorous physical activity including contact and rapid directional change. I understand that partici and that regardless of the precautions taken by the Ralph J St occur. These injuries may include but are not limited to: 1. Sp These injuries may result from such hazards as 1. Running 2. I certify that my present level of physical condition is consister Following is a complete list of all of my known health condition.	pation in this program involved to the countryside YMCA or the prains and strains 2. Broken by Jumping 3. Falling 4. Physicant with the demands of active is that might affect my ability	ves certain known and unknown risks a participants, some injuries may bones 3. Paralysis 4. Death. al contact. a participation in the listed program. by to participate:
I have carefully read the foregoing document. I acknowledge t answered. I am confident that I fully know, understand and ap Program.		
THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGE employees, and agents (hereinafter referred to as "releases") assigns, heirs, and next of kin for any loss or damage, and an property or resulting in death of the undersigned, whether cau in, upon, or about the premises or any facilities or equipment without respect to location. I do further release, absolve, indepermission for my son/daughter to participate.	from all liability to the under y claim or demands therefore used by the negligence of the therein, or participating in a	rsigned, his personal representatives, e on account of injury to the person or e or otherwise while the undersigned is ny program affiliated with the YMCA,
Parent/Guardian Signature	 Date	
Parent/Guardian Signature	Date	