



KICK IT & SCORE!!

COED SOCCER FOR PRESCHOOL (AGE 4+) & KINDERGARTEN YOUTH Introduction to Soccer Fundamentals. NORTHWEST FIELD @ RED OAK SPORTS COMPLEX

4 week program to introduce soccer fundamentals to Pre-K youth.

This 4 week program uses "game" action to introduce the basic fundamentals of soccer to the youth. Y program staff strongly encourages parental volunteer involvement to help children not only learn about soccer and but also about helping within the community.

When:

Program takes place on Wednesday, April 25th- May 16th, from 5:15 - 6:00 p.m.

Registration Details:

Registration Starts - April 3rd Registration Deadline - April 23rd

Register:

Return form on back Or Register online @ mcymca.com/OnlineRegistration

Cost:

FREE – Family Membership \$20.00 – Youth Membership \$40.00 - Potential Member

PROGRAM FINANCIAL ASSISTANCE AVAILABLE

In Cooperation with the Red Oak Park & Tree Board!

MONTGOMERY COUNTY FAMILY YMCA
101 E. Cherry St, Red Oak, IA 51566
P 712-623-2161 F 712-623-4920 www.mcymca.com







Spring 2018 PRESCHOOL - KINDERGARTEN SOCCER

(Online Registration available at www.mcymca.com/OnlineRegistration)

Registration Deadline - April 23rd, 2018

Circle session you are registering for: Preschool (at leas	st 4 years of age)	Kindergarten	
Participant name:	Gender:	Grade: Birthdate//	
Mailing Address:	City:	State: Zip:	
Parent/Guardian 1 name	Home phone	Work phone	
Parent/Guardian 2 name	Home phone	Work phone	
Email Address:	I will volunteer	Name	
Cost: FREE - Family member \$20.00 - Youth member	\$40.00 - Non-n	nember	
THE UNDERSIGNED parent(s)/guardian(s) of		, who is a child under the age of 18 year in the following activity: YMCA's 2018 Pre-K—K	
The potential risks of participation include, but are not limite tact with or use of equipment used in the activity.	ed to, the risk of injury to the	child from contact with other participants and con-	
The parent(s)/guardian(s) affirm that by signing this consent (s)/guardian(s) have explained to the child that this means that the chil			
By this consent and with the child's continued participation in child by reason of the child's participation in the activity.	n the activity, the parent(s)/g	uardian(s) voluntarily accept the risk of injury to th	
THE UNDERSIGNED (parent/guardian) provide the following cillness during participation:	contact information to obtain	consent to treat the child in the event of injury or	
Name Address		Telephone No.	
If the contact person named above cannot be reached, the undersigned and treatment and further necessary and reasonable treatment by a lic	-		
Parent/Guardian Signature Print Name		 Date	

Program Sponsors: Houghton State Bank, Parker Hannifin and Red Oak Chrysler-Dodge-Jeep