



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

CLAY COUNTY YMCA  
225 East Krizan Street  
Brazil, IN 47834



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**SPORTS & RECREATION**  
**Adult Coed Soccer League**  
**CLAY COUNTY YMCA**  
**Session I**

# 2019 Adult Coed Soccer League



**Teams** may include up to 15 members. Team members must be 14 years of age or older by the registration deadline. All team members should be listed on the registration form. Team members may not be on more than one roster for the same league. Individuals may play in more than one league.

**Registration** will be from July 1st, 2019 through July 25th, 2019. The **cost** is \$300 per team, due in full at registration. A **team contact meeting** will be held on **Thursday, July 25th at 6:00 pm.** A team representative **MUST** attend, as we will be reviewing important rules and passing out initial schedules at this time. **Games** will begin July 28th, 2019 and will continue, depending on weather, through Late September. Registration includes 8 regular season games and a single-elimination tournament. The tournament is seeded and the tournament bracket will be announced at the conclusion of the regular season.

**Other Policies**

- Full **refunds** will be granted if the YMCA cancels a program. Otherwise a request for a refund must be made in writing before the season begins. A \$5 fee will be assessed for processing of all refunds. Refunds can be made as a system credit good toward YMCA membership or other programs or in the form of a check. Checks will take up to 10 days to process.
- The YMCA will not provide uniforms for adult league participants. You may order your own shirts if you wish.
- The YMCA will not schedule practice times for the adult soccer league. It will be the teams responsibility to find practice space if it is needed.
- If inclement weather conditions are deemed dangerous or cause unplayable field conditions, games will be cancelled and rescheduled for a later date. Team contacts will be notified as soon as possible. These games will be made-up as soon as possible.
- All games will be officiated by a referee paid by the YMCA. We will review league rules at the team contact meeting. If a rule is not covered in our league rules we will defer to the IHSSA rules.
- All participants and spectators will be required to support the YMCA sports philosophy which is based on participation, fun, physical fitness, teamwork and fair play. Failure to follow these guidelines can result in your removal from the facility and can result in individual or team suspension.

**PARTICIPATION AGREEMENT:**

All team members should be in normal health and capable of safe participation in the sports program. Participants assume all risks and hazards incidental to participation in the activity. Participants are responsible for any medical expenses incurred from participation and will not hold the YMCA of Clay County, its Board or employees liable.

**FOR MORE INFORMATION :**

Ask at the front desk of the YMCA or leave a message for Shane Chesshir at the Y 442-6761 or email schesshir@ymcaswv.org

Team Name: \_\_\_\_\_

Team Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Team Members: (all members must be atleast 14 years of age)

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_
4. \_\_\_\_\_ Phone: \_\_\_\_\_
5. \_\_\_\_\_ Phone: \_\_\_\_\_
6. \_\_\_\_\_ Phone: \_\_\_\_\_
7. \_\_\_\_\_ Phone: \_\_\_\_\_
8. \_\_\_\_\_ Phone: \_\_\_\_\_
9. \_\_\_\_\_ Phone: \_\_\_\_\_
10. \_\_\_\_\_ Phone: \_\_\_\_\_
11. \_\_\_\_\_ Phone: \_\_\_\_\_
12. \_\_\_\_\_ Phone: \_\_\_\_\_
13. \_\_\_\_\_ Phone: \_\_\_\_\_
14. \_\_\_\_\_ Phone: \_\_\_\_\_
15. \_\_\_\_\_ Phone: \_\_\_\_\_

**Availability:** When scheduling games, we will consider your team’s availability as much as we can. We may not always be able to honor every request. Please circle all times you can field a team.

**Coed League:** (must choose at least two times, and the more availability the better)

**Sunday: 4:00 5:00 6:00 7:00 8:00**

( times will be after the conclusion of youth games on Sundays)

\_\_\_\_\_ for staff use only \_\_\_\_\_

Date: \_\_\_\_\_ Amt Paid: \_\_\_\_\_ Receipt Given: Yes or No Staff Initials \_\_\_\_\_