



Partners **in Play**

Cambridge Youth Soccer is proud & excited to announce the 2017 launching of CYS – ACES program in partnership with Special Olympics, Partners in Play.

### **What is CYS –“ACES”**

All abilities **CE**lebrated **S**occer is a program designed for participants between the ages of 6-14 with intellectual and/or physical disabilities who are interested in learning more about the **FUN**damentals of physical literacy and soccer.

CYS certified coaches along with devoted volunteers will create developmentally appropriate programming to best coach our athletes!

This program will offer willing learners an opportunity to enjoy & learn more about the sport of soccer in a positive & inclusive environment.

### **Summer Pilot Program Information**

- 4-week program: Friday's June 23<sup>rd</sup>& 30<sup>th</sup>& July 7<sup>th</sup>, 14<sup>th</sup>
- 7.00pm – 7.55pm
- Ages 6 years old to 14 years old (2011 – 2002)
- Participants will be provided with a CYS ACES jersey
- Participants must wear appropriate footwear (running shoes, turf shoes or soccer cleats) & shin pads to every session.
- Location: CYS Indoor Facility 745 Fountain St.N

### **COST: NO CHARGE!**

**Please note that each participant is required to have a guardian present during the entirety of the session. Guardians are welcome to but not obliged to participate**

You can register for the CYS ACES Program by visiting the Clubhouse in person at anytime during office hours or ONLINE using the Registration System. Visit the Cambridge Youth Soccer Website (Home Page), and choose the CYS ACES Pilot Program in the Registration Selections.

**Should you have any questions regarding the CYS ACES Program, please contact Grassroots Club Head Coach, Jon Morgan at [grassroots@cambridgesoccer.ca](mailto:grassroots@cambridgesoccer.ca) or 519-277-0325**



Partners **in Play**

**ATHLETE INFORMATION**

\_\_\_\_\_  Male  Female  
**Name** **Date of Birth**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City** **Province** **Postal Code** **Country**

\_\_\_\_\_  
**Email** **Phone**

**CYS Sports/Activities**

**Please mark items you would like CYS to know about:**

**Requires Wheelchair Accessible Locations**

**Language Needs:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Special Diet:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION** (if minor or otherwise has a legal guardian)

\_\_\_\_\_  
**Name** **Relationship**

\_\_\_\_\_  
**Street Address** (if different from Athlete)

\_\_\_\_\_  
**City** **Province** **Postal Code** **Country**

\_\_\_\_\_  
**Email** **Phone**

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
**Emergency Contact Name** **Relationship** **Phone**