KENT YOUTH SOCCER

FALL 2009 Registration Form

Deadline JULY 17, 2009

5TH / 6TH GRADE LEAGUE WILL BE PLAYED BETWEEN KENT RAVENNA & STREETSBORO

NAME_____ **Boy or Girl (please circle) SCHOOL**_____

ADDRESS_____

BIRTHDATE _____/_____/_____ **Grade 2008-2009 School Year**_____

HOME PHONE _____ **PARENT'S WORK PHONE** _____

League Cost: (x one) Age according to 2009-2010 School Yr

		Res/NR
Boys:	_____ Micro (4-5)Instructional	$ 33 / 41
	_____ K – 1st Beginners	33 / 41
	_____ 1st –2nd Grade	33 / 41
	_____ 3rd –4th Grade	44 / 52
	_____ 5th –6th Grade	44 / 52

		Res/NR
Girls:	_____ Micro (4-5)Instructional	$ 33 / 41
	_____ K – 1st Beginners	33 / 41
	_____ 1st –2nd Grade	33 / 41
	_____ 3rd –4th Grade	44 / 52
	_____ 5th –6th Grade	44 / 52

About the Player & Coaching Info.

A. # of years played: _____
B. Positions: Primary _____
Secondary _____
C. Special Requests: _____
D. Coaching: Interested? Indicate for what
_____ Head Coach _____ Asst Coach

Name: _____

SHIRT SIZE: **Micro – 2nd Grade (T-Shirts)** **3rd - 6th (Jersey)**

Child: Sm Med Lg. **Adult** Sm Med Lg XL

SHORT SIZE: (Grades 3rd – 6th only)

Child: Sm Med Lg. **Adult** Sm Med Lg XL

TEAM ASSIGNMENTS WILL BE DONE Week of August 3 (COACHES ONLY) Coaches will be notified.

ROSTER EXCEPTIONS:

1. Boys and girls will not be combined for 1st – 6th grades only unless there are not enough boys or girls to create enough teams.
2. Children of the coach and one assistant will be placed on that team prior to the team assignment.
3. If you desire your child not to play for one specific coach, please state it on the registration form.

PRIORITIES FOR COACHING SOCCER:

1. Positive coaching evaluation from previous season
2. Currently or will attend a clinic to be certified by N.Y.S.C.A.
3. Must attend coaches clinics: Time and location to be announced.
4. Must fill out a coaches application and consent/release form if 1st year coach.
5. Coached last season in same age division or moving into another age division

PRACTICES:

The time, day, and fields will be determined by the coaches' preference and availability starting the week of **August 10th.** All players are expected to attend scheduled practices; no player is expected to participate more than twice a week. Parents should contact the coach when conflicts arise and a player has to miss a practice, scrimmage, or game.

GAMES: **This is a recreational and instructional program, not a competitive league.**

The games will begin and end as follows :**Season Begins: Sunday August 23** **Season Ends: Sunday October 11 Micro – 2nd**
Game times begin no earlier than 1:00 p.m. on Sundays **Sunday October 18 3rd – 6th**

Refund Policy:

Prior to the first game: A letter of explanation submitted to the Director, full refund will be granted

After the first game: No refund will be granted unless a health related situation then you will be refunded less any direct uniform cost if it occurs prior to the beginning of the 2nd half of the season.

Waiver of Liability / Parental Consent / Photo Release

Waiver – I intending to be legally bound, do hereby for myself, my heirs and assignees, waive any and all claims to damages I may have against Kent Parks and Recreation Dept. or any agent or representative of the afore mentioned and give my permission for _____ to participate in the Kent Youth Soccer Program. Photographs and videos are periodically taken of participants during programs. Please be aware that these photographs may be used for Parks & Recreation publication, local newspapers, and/or website.

Print Parents Name_____ Signature of Parent_____ Date_____

REGISTRATION FORM TO: Kent Parks and Recreation, 497 Middlebury Road, Kent, OH 44240

OFFICE USE ONLY: CITY _____ TOWNSHIP _____ FEE _____ RECEIPT # _____