



KENT YOUTH SOCCER



SPRING 2010 Registration Form

Deadline MARCH 12

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

NAME _____ Boy or Girl (please circle) SCHOOL _____

ADDRESS _____

BIRTHDATE ____/____/____ Grade 2009-2010 School Year _____

HOME PHONE _____ PARENT'S WORK PHONE _____

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

		Res/NR
<u>Boys:</u>	_____ Micro (4-5)Instructional	\$ 35 / 43
	_____ K – 1 st Beginners	35 / 43
	_____ 1 st – 2 nd Grade	35 / 43
	_____ 3 rd – 4 th Grade	45 / 53
	_____ 5 th – 6 th Grade	45 / 53

		Res/NR
<u>Girls:</u>	_____ Micro (4-5)Instructional	\$ 35 / 43
	_____ K – 1 st Beginners	35 / 43
	_____ 1 st – 2 nd Grade	35 / 43
	_____ 3 rd – 4 th Grade	45 / 53
	_____ 5 th – 6 th Grade	45 / 53

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 April 7 for 1st – 6th grade and April 14 for Micro – K/1st, Coaches will be notified.

ROSTER EXCEPTIONS:

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

PRIORITIES FOR COACHING SOCCER:

- Positive coaching evaluation from previous season
- Currently or will attend a clinic to be certified by N.Y.S.C.A.
- Must attend coaches clinics: Time and location to be announced.
- Must fill out a coaches application and consent/release form if 1st year coach.
- 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

April 12. 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 May 2** **Season Ends: Sunday June 20**
Game times begin no earlier than 1:00 p.m. on Sunday

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 # _____