

80005F 80006WS SATURDAY INDOOR SOCCER LEAGUE

Come and join our Saturday recreational soccer league for fun and fast action. This volunteer coached program is designed to give players the opportunity to practice their skills and have fun during the winter months. Players will be divided into age groups and teams after registration. **PARK DISTRICT REVERSIBLE JERSEYS ARE REQUIRED FOR THIS PROGRAM. Shinguards are required.**

GRADES: K-8 (age groups to be determined)
DAY: Saturday
DATE: Begins approximately the month of February
TIMES: Various (Morning & Afternoon)
LOCATION: Summit Hill School District Gyms



DUE TO THE AMOUNT OF PARTICIPANTS IN OUR LEAGUES, THE PARK DISTRICT CANNOT ACCEPT REQUESTS FOR PARTICULAR TEAMS OR COACHES.

FRANKFORT SQUARE PARK DISTRICT SOCCER LEAGUE REGISTRATION FORM

****NOTE - NO REFUNDS CAN BE GIVEN ONCE THE PROGRAM BEGINS****

INDOOR SOCCER

PLEASE PRINT CLEARLY

NAME: LAST _____ FIRST _____ M OR F
PARENT'S NAME - FIRST AND LAST
(MOM) _____ **(DAD)** _____
ADDRESS: _____ **CITY** _____ **ZIP** _____
HOME PHONE: _____ **MOM'S BUSINESS PHONE** _____
PHONE _____ **DAD'S BUSINESS** _____

IMPORTANT!! FILL OUT THE EXPERIENCE PORTION OF THE APPROPRIATE SECTION COMPLETELY!!

SHIRT SIZE (SHIRTS RUN SMALL) 10/12 14/16 AS AM AL AXL AXXL
RECEIVED _____

SOCCER LEAGUE: PLEASE FILL OUT APPROPRIATE INFORMATION
BIRTHDATE ____/____/____ **GRADE** _____ (AS OF CURRENT SCHOOL YEAR)

HOW MANY YEARS SOCCER EXPERIENCE DO YOU HAVE? _____ **DID YOU PLAY IN THE FALL**
OUTDOOR SOCCER LEAGUE THIS YEAR? _____ **INDOOR SOCCER LEAGUE?** _____ **AT THE**
DOME? _____ **DO YOU PLAY GOALIE?** _____

IS THERE ANY PHYSICAL PROBLEM THAT THE PLAYER'S COACH SHOULD BE AWARE OF? Y OR N
IF SO, PLEASE EXPLAIN _____

VOLUNTEERS: This program is only possible through support of volunteers. If you are interested, please check the appropriate area. Checking a specific area, does not guarantee a coaching or assistant coaching position. If the park district is unable to secure coaches, we reserve the right to limit registration.

COACH _____ **ASSISTANT COACH** _____

LIABILITY WAIVER: Participants in Frankfort Square Park District activities are not covered by medical or accident insurance. Each participant must furnish his/her own personal coverage. Many sports activities and programs have inherent elements of danger. Participant or parent permission is needed to call an ambulance in an emergency. As a participant (or as a parent of a participant under 18 years of age), I hereby agree to save harmless and indemnify the Frankfort Square Park District, its trustees and employees from any responsibility for any accident, injury or damage that may occur as a result of the participant's acts or omissions. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

SIGNATURE OF PARENT OR GUARDIAN _____