

2008 CITY OF ESCANABA RECREATION DEPARTMENT

6 & 7 YEAR OLD

INSTRUCTIONAL SOCCER PROGRAM

GENERAL INFORMATION: Soccer is the world's most popular sport...the perfect game for all! Parents and children are welcome to come join the Instructional Soccer Program to learn and enjoy this up and coming sport.

- ♦ Emphasis on learning skills and having fun!!!
- ♦ Rules modified to fit the needs of young players.
- ♦ Same opportunities are provided for both girls & boys.
- ♦ Every player is guaranteed equal playing time.
- ♦ No previous experience required for any age group.
- ♦ No tryouts, no cuts.
- ♦ Everyone who registers will play.

*Soccer is recognized by experts as an ideal game for young people, both boys & girls.
It provides good exercise for a healthy body & has low probability of injury.*

SEASON DATES/TIMES:

AGES 6-7 Years: Season from June 16 - July 17
(Mondays & Wednesdays OR Tuesdays & Thursdays)

Mondays & Wednesdays ☆ 9:00 am - 10:00 am or ☆ 10:30 am - 11:30 am

OR

Tuesdays & Thursdays ☆ 9:00 am - 10:00 am or ☆ 10:30 am - 11:30 am

LOCATION: Instructional/Grid Play Sessions will be held at the Ludington Park Soccer Field located next to the Bandshell in Escanaba.

FEES: Your child's Soccer Club fee covers the cost of a T-shirt, instructor's salaries and equipment.

Fee: \$25.00

\$10.00 fee for each additional participant per family.

★ Please make checks payable to: CITY OF ESCANABA

REGISTRATION: The registration deadline is **Monday, June 9, 2008 and/or when the age group has received the maximum number of 20 registrations per group.** *Completed forms, with fee payment, may be returned to the Civic Center, 225 North 21st Street or mailed to Escanaba Recreation Department, P.O. Box 948, Escanaba, MI 49829.*

EQUIPMENT: Shin guards are required and must be provided by each player. Long socks are to be worn over the shin guards. Cleats will NOT be allowed. Do not wear glasses unless absolutely necessary. When glasses are worn, GLASS GUARDS must be worn and provided by the player. Please bring own water bottle.

WEATHER: Soccer can be enjoyed in a variety of weather conditions. In our area, weather conditions vary with locations, so it may be raining at your house and dry at the field, and vice versa. Clothing should always be appropriate for the weather to prevent overheating or chilling. All activities will be cancelled in the event of lightening or unsafe conditions in the area. If you are not sure, please call the Recreation Department at 786-4141.

QUESTIONS OR ADDITIONAL INFORMATION: Please the Recreation Department at 786-4141.

**2008 CITY OF ESCANABA RECREATION DEPARTMENT
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REGISTRATION FORM**

Registration Deadline – Monday, June 9, 2008

Player Name: _____ M/F: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Age on August 1, 2008 _____

EMERGENCY INFORMATION: Where parents can be reached in case of an emergency:

Home Phone: _____ Other: _____

Is there any personal/medical information which should be brought to the attention of the instructor:

FIRST AID PERMISSION:

In order to expedite treatment, I do hereby give my consent for treatment of minor injuries and medical problems to my child.

SIGNED _____

BY: _____

New Player Has Played Soccer Before - List experience: _____

SESSION PREFERRED:

Mondays & Wednesdays

9:00 am - 10:00 am or 10:30 am - 11:30 am

Tuesdays & Thursdays

9:00 am - 10:00 am or 10:30 am - 11:30 am

PARENT/ADULT VOLUNTEER: Your involvement is essential to the success of the program. Please volunteer to help. If yes box is checked, you will be contacted by phone for further details.

YES, I will Volunteer

SHIRT SIZE: Please circle one. (Shirt sizes run small)

<u>YOUTH</u>	Small	Medium	Large
	6-8	10-12	14-16

"IN SIGNING THIS OFFICIAL REGISTRATION BLANK, THE SIGNEE, UPON ACCEPTANCE OF THIS REGISTRATION, AGREES TO THE FOLLOWING: 'IN CONSIDERATION OF THIS REGISTRATION BEING ACCEPTED, I HEREBY FOR MYSELF, HEIRS, EXECUTORS, ADMINISTRATORS & GUARDIANS, WAIVE & RELEASE ALL RIGHTS TO THE CITY OF ESCANABA, THEIR AGENTS, REPRESENTATIVES, SUCCESSORS, & ASSIGNS, FOR ANY & ALL INJURIES SUFFERED BY THE ABOVE NAMED REGISTRANT DURING THE CURRENT YOUTH SOCCER INSTRUCTIONAL PROGRAM.'"

Parent's Signature: _____ Date: _____

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For Office Use Only

Amt. received: _____ Cash/Check #: _____ Rec. By: _____ Date: _____ Registration #: _____

Program fee = \$25.00; \$10.00 each additional participant per family.