

2024 CITY OF ESCANABA RECREATION DEPARTMENT 6 & 7 YEAR OLD INSTRUCTIONAL SOCCER PROGRAM

GENERAL INFORMATION: Parents and children are welcome to come join the Instructional Soccer Program to learn and enjoy.

- ♦ 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 July 16th – August 8th (4 weeks)

Tuesdays & Thursdays

Choose one:

9:00 a.m. – 10:00 a.m.

10:30 a.m. – 11:30 a.m.

12:00 p.m. – 1:00 p.m.

In an effort to minimize program cost, please keep this sheet, as this is the only notification you will receive regarding class schedule.

LOCATION: Instructional/Grid Play Sessions will be held at Ludington Park located by the Karas Bandshell.

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

Fee: \$45

★ Please make checks payable to: CITY OF ESCANABA

REGISTRATION: The registration deadline is **Friday, July 5th** and/or when the age group has received the maximum number of 12 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. Metal 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 lightning or unsafe conditions in the area. If you are not sure, please call the Recreation Department at 786-4141. If cancellations occur, the instructors will notify you.

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

**2024 CITY OF ESCANABA RECREATION DEPARTMENT
6 & 7 YEAR OLD INSTRUCTIONAL SOCCER PROGRAM
REGISTRATION FORM**

Registration Deadline – Friday, July 5th

Player Name: _____ M/F: _____

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

Birthdate: _____ Age on August 1, 2024 _____

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

Home Phone: _____ Cell Phone/Other: _____

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

☐ New Player ☐ Has Played Soccer Before - List experience: _____

SESSION AVAILABLE:

Tuesdays & Thursdays

SELECT ONE:

- ☐ 9:00 a.m. – 10:00 a.m.
☐ 10:30 a.m. – 11:30 a.m.
☐ 12:00 p.m. – 1:00 p.m.

SHIRT SIZE: Please circle one.

YOUTH	Small	Medium	Large
	6-8	10-12	14-16

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FOR SPORTING EVENT
PARENT-GUARDIAN WAIVER FOR MINOR**

THE UNDERSIGNED PARENT AND NATURAL GUARDIAN OR LEGAL GUARDIAN, DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, ACTING IN SUCH CAPACITY, AND AGREES TO THE FULLEST EXTENT PERMITTED BY LAW TO SAVE, HOLD HARMLESS AND INDEMNIFY THE CITY OF ESCANABA, THEIR ELECTED AND APPOINTED OFFICIALS, EMPLOYEES AND VOLUNTEERS, FROM ANY AND ALL LIABILITY, LOSS, COST, CLAIM, OR DAMAGE WHATSOEVER, INCLUDING BODILY INJURY OR DEATH, WHICH MAY BE IMPOSED UPON OR INCURRED BY THE CITY OF ESCANABA BECAUSE OF THE PARTICIPATION OF THE MINOR IN THIS EVENT. BY SIGNING BELOW, YOU ALSO AGREE TO RELEASE SAID PARTIES IN THIS REGARD ON BEHALF OF BOTH THE MINOR AND THE PARENTS OR LEGAL GUARDIAN.

Minor: _____ Age: _____

Parent or Legal Guardian: _____

Signature: _____ Dated: _____

Please complete Consent to Medical Treatment of Minor on reverse side of this form.

For Office Use Only

Amt. received: _____ Cash/Check #: _____ Rec. By: _____ Date: _____ Registration #: _____
Program fee: \$45

CONSENT TO MEDICAL TREATMENT OF MINOR

If the applicant is under 18 years of age, the parents or guardians must execute this document.

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital, or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by, or illness of, said minor while he/she is/was a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure, which he/she deems advisable in attempting to treat or relieve any injuries to, or illness of, said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

The undersigned parent or natural guardian or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and to the extent permitted by law agrees on his/her behalf, of that of the minor, to save, hold harmless and indemnify the City of Escanaba, its elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever that may be imposed upon or incurred by said parties because of the participation of the minor in the event shown, and does release said parties on behalf of both the parents or legal guardian.

Event: 6 & 7 Instructional Soccer

Name of Minor: _____

Names of Parents or
Guardian: _____

Address: _____ City/State: _____

Home Phone: _____ Cell Phone: _____

Parent or Guardian's
Signature: _____

Date: _____