

**DEADLINE: SATURDAY, MARCH 21**  
**\$5.00 LATE FEE AFTER MARCH 21**

**RECEIPT#** \_\_\_\_\_

**2009 TROY RECREATION DEPARTMENT**  
**Spring Indoor Soccer League**  
**Youth Ages 5-10**

All soccer balls will be provided – No soccer balls shall be brought by participants.  
Soccer balls will only be permitted on the field.

BOYS WILL HAVE PRACTICE ON MONDAYS AND HAVE GAMES ON FRIDAYS. GIRLS WILL HAVE PRACTICE ON TUESDAYS AND HAVE GAMES ON THURSDAYS. AGES 5-8 GAMES WILL BE PLAYED CROSS RINK/FIELD 6 VS. 6. MAXIMUM OF 32 PARTICIPANTS ACCEPTED PER AGE GROUP PER SEX.

A DATE MAY BE CANCELLED IF AN EVENT IS SCHEDULED AT HOBART ARENA.

BOYS:

MONDAYS & FRIDAYS

April 13, 17, 20,, 24 & 27

May 1, 4, 8, 11 & 15

\_\_\_\_\_Ages 5 & 6 5:30-6:15 p.m.

\_\_\_\_\_Ages 7 & 8 6:30-7:15 p.m.

\_\_\_\_\_Ages 9 & 10 7:30-8:45 p.m. (Monday)

(Games) 7:30 & 8:30 p.m. (Friday)

GIRLS:

TUESDAYS & THURSDAYS

April 14, 16, 21, 23, 28 & 30

May 5, 7, 12, & 14

\_\_\_\_\_Ages 5 & 6 5:30-6:15 p.m.

\_\_\_\_\_Ages 7 & 8 6:30-7:15 p.m.

\_\_\_\_\_Ages 9 & 10 7:30-8:45 p.m. (Tuesday)

(Games) 7:30 & 8:30 p.m. (Thursday)

**REGISTRATION FEE: \$40.00**      **AMOUNT PAID \$** \_\_\_\_\_

Participant's Name \_\_\_\_\_ Male/Female

Address \_\_\_\_\_ Phone \_\_\_\_\_

(street) (city) (zip)

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Would mother/father like to coach? \_\_\_Yes \_\_\_No Name \_\_\_\_\_

**NOTE:** All volunteer youth coaches are required to complete a screening application to coach in the City of Troy Recreation Department's programs.

**WAIVER AND RELEASE**

We, the undersigned being fully aware of the dangers inherent to the sport of soccer, do give permission for our son/daughter to participate in the Youth Indoor Soccer League. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Soccer program. . I grant and give the City of Troy the rights to use my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion.

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Parent or legal guardian)

**REFUND POLICY:** The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.