

DEADLINE: FRIDAY, MARCH 19
\$5.00 LATE FEE AFTER MARCH 19

RECEIPT# _____

2010 TROY RECREATION DEPARTMENT
Spring Indoor Soccer League at Hobart Arena
Youth Ages 4-8

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

TEAMS WILL HAVE 5 GAMES AND 4 PRACTICES FOR A TOTAL OF 9 DATES. FOUR (4) YEAR OLDS WILL BE COED AND WILL PLAY ON MONDAYS AND WEDNESDAYS. BOYS WILL BE ON MONDAYS AND WEDNESDAYS. GIRLS WILL BE ON TUESDAYS AND THURSDAYS. GAMES WILL BE PLAYED CROSS RINK/FIELD 6 VS. 6. MAXIMUM OF 32 PARTICIPANTS ACCEPTED PER AGE GROUP.

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

BOYS:

MONDAYS & WEDNESDAYS

April 12, 19, 21, 26 & 28

May 3, 5, 10 & 12

_____Ages 5 & 6 6:30-7:15 p.m.

_____Ages 7 & 8 7:30-8:15 p.m.

GIRLS:

TUESDAYS & THURSDAYS

April 13, 15, 20, 27 & 29

May 4, 6, 11, & 13

_____Ages 5 & 6 6:00-6:45 p.m.

_____Ages 7 & 8 7:00-7:45 p.m.

4 YEAR OLD COED:

MONDAY & WEDNESDAYS

April 12, 19, 21, 26 & 28

May 3, 5, 10 & 12

_____ 5:30-6:15 p.m.

REGISTRATION FEE: \$40.00 AMOUNT PAID \$ _____

Participant's Name _____ Male/Female

Address _____ Phone _____

Birthdate _____ Age _____

Parent's Name _____

E-Mail Address _____

Shirt Size: (circle one) Youth Medium (10/12) Youth Large (14/16) Adult Small (34/36)
 Adult Medium (38/40) Adult Large (42/44)

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 the area before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.