



Youth Indoor Soccer



INDIAN RIVER ADULT ED INDOOR SOCCER LEAGUE

Ages 6 to 13

(NO high school players)

Saturdays beginning January 7, 2012

8 weeks-times to be announced

John M. Clayton School

Frankford, DE

\$35 per player

(reduced rate for 3 or more players)

Players are placed on teams in one of 4 leagues based on age and ability

Age groups are Under 8 years old, Under 10, Under 12 and Under 14

Games for 12 and U14 may be scheduled to play on Friday Nights

Registration is limited so you must register in advance !

Please bring completed form to the registration site listed below

OR register online at www.riversoccerclub.com

Registration will be held at the following locations and times:

River Soccer Club	Saturday, November 12	10a.m. to 12 p.m.
John M. Clayton School	Saturday December 12	9a.m. to 11a.m.
John M. Clayton School	Tuesday, December 20	5p.m. to 6p.m.

REGISTRATION IS ENCOURGAGED BY DECEMBER 20, 2011

Adults are needed to help coach!

For more information contact:

Rob Engel @ 302-436-2963 or email rsrec@mchsi.com

Registration Form

Please use a separate registration form for each participant

Indoor Soccer-Winter 2012

Name: _____ Male or Female

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____
(as of August 1, 2011)

School: _____ Grade: _____

Circle Shirt Size: YS(6-8) YM(10-12) YL(14-16) AS AM AL

Circle the choice that best describes your player's experience and ability:

- No experience, beginner
- Little experience, fair skills
- Some experience, good skills
- Very experienced, good skills
- Very experienced, very good skills

In which area can you volunteer?

- Coach
- Assistant Coach
- Concession Stand
- Wall Set Up (Friday Night)
- Wall Break Down (After Last Game Saturday)

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Release:

My child, _____, has my permission to participate in the Indian River Indoor Recreational Soccer Program. I hereby assume the risk of all accidents and of all personal injury and any other loss or damage which he/she may suffer while participating in this program. I hereby absolve the Indian River School District, River Soccer Club, its officers and Board of Directors, and its coaches, agents, servants, employees and instructors, and other volunteer workers, from all liability of any personal injury, loss or damage that he/she sustains as a result of him/her being injured while participating in the Recreational Soccer Program. I certify that my child is healthy enough to participate in the Youth Soccer Program. I also certify that my child is covered under an accident and health insurance policy which covers his/her participation in this program.

(Parent's Signature)

(Date)

For Office Use Only

Date: _____ Amount: _____ Cash or Check#: _____ Initials: _____