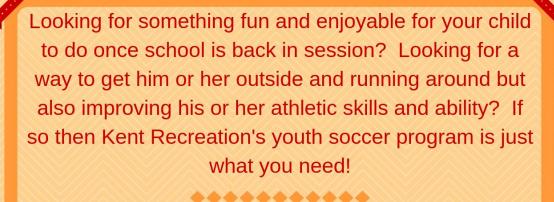


## KENT RECREATION & PARKS PRESENTS...



# 2019 YOUTH SOCCER



With programs for children ages 3 through 12 years old, we've got something for everyone! But hurry in today to sign up as registration ends August 9th!

### DETAILED FLYER & REGISTRATION FORM CAN BE FOUND ON THE FOLLOWING PAGES!



845-531-2100

RECREATION@TOWNOFKENTNY.GOV
WWW.TOWNOFKENTNY.GOV/RECREATION





Telephone: (845) 531-2100

Fax: (845) 306-5284



Town of Kent Recreation and Parks Department 25 Sybil's Crossing Kent Lakes, NY 10512

Email: recreation@townofkentny.gov Webpage: www.townofkentny.gov

#### 2019 Kent Recreation Soccer

D:	vision	Age	Early	Fee after		
Di	DIVISION		<b>Registration Fee</b>	7/19/19		
Start Smart	Coed	3 & 4	\$70	\$75		

This is a six week instructional program. Parent involvement is required. Program runs on Saturday mornings at 10:00am for approximately 1 hour. Participants will receive a Start Smart t-shirt, shin guards and a soccer ball. *Location:* Edward Ryan Memorial Park. *Schedule:* Saturdays, September 21, 28, October 5, 19, 26, November 2. Participants must be the required age by the program's start.

Hot Shot Coed	5 & 6	\$75	\$85
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This is a non-competitive developmental/recreation division (scores will not be kept, no referees). Games will be 4 vs. 4 or 5 vs. 5 with no goalies. Children will play four 7 minute quarters. Players will be placed on teams. Participants will receive a jersey and participation medal at the end of the season. Participants must be the required age by August 31, 2019.

Rookie	Coed	7 & 8	\$85	\$95

This is a non-competitive developmental/recreation division (scores will not be kept, no referees). Games will be 5 vs. 5 or 6 vs. 6 with no goalies. Children will play four 10-minute quarters. Players will be placed on teams. Participants will receive a jersey and participation medal at the end of the season. Participants must be the required age by August 31, 2019.

Minor	Coed	9 - 12	\$105	\$115

This is a competitive recreation division (scores will be kept, referees will be used). Games will be 7 vs. 7 with goalies. Children will play two 24-minute halves. A player evaluation will be done and teams will be picked by coaches and the league administrator. Evaluation date will be scheduled (exact date and time TBD) Participants will receive a jersey and socks. Participants must be the required age by August 31, 2019.

Registration forms can be dropped off or mailed to the Kent Recreation Office at:

Kent Recreation & Parks 25 Sybil's Crossing Kent Lakes, NY 10512

Registration deadline is August 9, 2019!



## **Kent Recreation and Parks Department** 25 Sybil's Crossing, Kent Lakes, NY 10512 Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

#### **2019 YOUTH SOCCER**

Fill out form completely. Please print legibly!

Division	Age	Regis	Registration Deadline is Friday, August 9, 2019  Registration									Registration Fee after 7/19/19	
Start Smart 🗆	3 & 4	Cł	Child must be correct age by program's start \$70.0										\$75.00
Hot Shot □	5 & 6									\$7	75.00		\$85.00
Rookie 🗆										35.00		\$95.00	
Minor 🗆	9 - 12									\$10	05.00		\$115.00
PARTICIPANT INFORMATION													
Participant's Last N	lame		Part	icipaı	nt's First	Name		MI	Birth D	Date		Age	Sex
													M □ F □
Street Address							City				9	State	Zip Code
E-Mail 1						E-M	ail 2						
Shirt Size (circle one) YXS YS YM				YL	YXL	AS	AM	AL	AXL	A2XL	L	Last Year's Coach?	
Short Size (circle one)	YXS	S YS YN	1	YL	YXL	AS	AM	AL	AXL	A2XL			
Does your child have any disabilities, allergies or special circumstances we should be aware of?  YES  NO													
If yes, please expla	in here:												
			PA	RENT	r/GUARI	OIAN IN	IFORM	IOITA	V				
Father's Name Mother's Name													
Home Phone		Cell Phone				Home	Phone			Cel	II Pho	ne	
Are you interested	in being	a volunteer?			☐ Coach ☐ Assistant Coach								
			EME	RGE	NCY CON	NTACT	NFORI	MATIC	N				
In an emergency p	lease cor	tact		Relationship to Child Phone Num			ne Num	nber					
1	PARENT	OR GUARDIA	N A	UTHO	DRIZATIO	ON, DIS	CLAIM	ER AN	ID WAI	VER OF	LIAB	ILITY	
By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the baseball/softball program sponsored by The Kent Recreation Department. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.													
Date		Parent/Guar	dian	Sign	ature								
Parent/Guardian			Print	t Name									
OFFICE USE ONLY													
Registration Date Registra					Fee				Check N	umber		Re	ceipt Number
	\$	С	ASH	\$		(	CHECK						