



**KENT RECREATION &  
PARKS PRESENTS...**

# **2019 YOUTH SOCCER**



Looking for something fun and enjoyable for your child to do once school is back in session? Looking for a way to get him or her outside and running around but also improving his or her athletic skills and ability? If so then Kent Recreation's youth soccer program is just what you need!



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**



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

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Webpage: [www.townofkentny.gov](http://www.townofkentny.gov)

## 2019 Kent Recreation Soccer

Division		Age	Early Registration Fee	Fee after 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. <i>Location:</i> Edward Ryan Memorial Park. <i>Schedule:</i> 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
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	Registration Deadline is Friday, August 9, 2019	Early Registration Fee	Registration Fee after 7/19/19
Start Smart <input type="checkbox"/>	3 & 4	Child must be correct age by program's start	\$70.00	\$75.00
Hot Shot <input type="checkbox"/>	5 & 6	Child must be age by August 31	\$75.00	\$85.00
Rookie <input type="checkbox"/>	7 & 8		\$85.00	\$95.00
Minor <input type="checkbox"/>	9 - 12		\$105.00	\$115.00

### PARTICIPANT INFORMATION

Participant's Last Name		Participant's First Name		MI	Birth Date		Age	Sex			
								M <input type="checkbox"/> F <input type="checkbox"/>			
Street Address				City		State		Zip Code			
E-Mail 1				E-Mail 2							
Shirt Size (circle one)	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	A2XL	Last Year's Coach?
Short Size (circle one)	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	A2XL	
Does your child have any disabilities, allergies or special circumstances we should be aware of?										YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please explain here:											

### PARENT/GUARDIAN INFORMATION

Father's Name				Mother's Name			
Home Phone		Cell Phone		Home Phone		Cell Phone	
Are you interested in being a volunteer?		<input type="checkbox"/> Coach		<input type="checkbox"/> Assistant Coach			

### EMERGENCY CONTACT INFORMATION

In an emergency please contact	Relationship to Child	Phone Number

### PARENT OR GUARDIAN AUTHORIZATION, DISCLAIMER AND WAIVER OF LIABILITY

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/Guardian Signature
	Parent/Guardian Print Name

### OFFICE USE ONLY

Registration Date	Registration Fee	Check Number	Receipt Number
	\$ CASH \$ CHECK		

**Make Checks Payable to KENT RECREATION**