



RICHMOND RECREATION

Youth Soccer League

The purpose of the Richmond Recreation Department Soccer League is for the participants to have fun and to learn the fundamental skills of soccer as well as working towards the following goals: learning teamwork, building self-esteem, teaching social and physical skills, creating a fun experience for youth, teaching decision making, responsibility, leadership and respect for authority, as well as other character traits.

Registration Fee: 1 child-\$55.00

(each additional child-\$50.00)

REGISTRATION DEADLINE: February 16, 2017

Late entry forms will be accepted until teams are full after deadline.

Late entry fee (after registration deadline): an additional \$15.00/ child (no multi-child discount)

All soccer teams in the league are co-ed. The age divisions for the league are determined based upon how old the participant was on 8/1/16.

Please mark which division the participant should be in based upon their age on 8/1/16.

DIVISION	AGE	Division participant will be playing in for the 2017 season (please mark below)
**Under 14 Soccer (the age a participant is on 8/1/16)	12-13	
**Under 12 Soccer (the age a participant is on 8/1/16)	10-11	
**Under 10 Soccer (the age a participant is on 8/1/16)	8-9	
Under 8 Soccer (the age a participant is on 8/1/16)	6-7	
Under 6 Soccer (the age a participant is on 8/1/16)	4-5	
*Under 4 Soccer (the age a participant is on 8/1/16 or 3years on or before 3/1/17)	3	

***must be 3 years of age on or before 3/1/17 to be eligible for the 2017 season.**

****U14, U12, & U10 is a traveling league. Hosting towns involved are Richmond, Lexington, Odessa, and Higgsinsville. Games will be weekdays & Saturdays. First Game: end of March (pending weather).**

U4, U6, & U8 will not travel. Games will be on Saturdays and possibly throughout the week, starting April 1, 2017.

Child's Name _____ Date of Birth ____/____/____

Child's age as of 8/01/16: _____ Grade _____ Male _____ Female _____ Shirt size YXS YS YM YL YXL AS AM AL AXL AXXL

Parent/ Guardian Name _____ E-mail address _____

Address _____ City _____ Zip Code _____

Cell Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Phone _____ Relationship _____

Health concerns of registrant the Recreation Department/coach should be aware of: _____

I am interested in volunteering as: Head Coach: _____ Shirt Size: AS AM AL AXL 2XL 3XL

If you are selected to be a coach, the recreation department will contact you before draft dates.

Drafts & Coaches meeting will be in the City Gym (205 Summit Street) on: U12 Division- 2/27/17 @ 5:30pm; U10 Division: 2/27/16 @ 5:30pm;
U14 Division: 2/27/16 @ 6:15pm; U8 Division- 3/2/17 @ 5:30pm; U6 Division- 3/2/17 @ 5:30pm U4 Division- 3/2/17 @ 6:45pm

I, the parent/ guardian of the above named candidate for a position on a recreation team, hereby give my approval to participate in any and all recreation activities, including transportation to and from the activities. I know that participation in youth soccer league may result in serious injuries and protective equipment does not prevent all injuries to players, and I hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Departments, City of Richmond, the organizers, sponsors, supervisors, officials, participants and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any other cause. I agree to return equipment issued to my child in as good of condition as when received it, except for normal wear and tear. I have read and fully understand the above program details and waive and release all claims.

If a "special request" is made, the Richmond Recreation Department cannot guarantee that the request will happen. Our teams are selected by the coaches through a draft. If you have a "special request" (such as you want your child to be on a certain team, with a certain coach, not with a certain coach, or on the same team as another participant) please write your request here: _____ Coaches will see your request. Again, we will try our best to follow through with your request, but it is not guaranteed.

Siblings or others living in the same

Signing below means you are aware this is a game for the KIDS to have FUN and that you have read and agree with of the above.

Parent/Guardian Signature _____ Date _____

Please return to the City Collector's Office, 205 Summit, Richmond, MO 64085. Make checks payable to: City Of Richmond
City Hall Hours: M-F 8:00am-4:30pm. If after 4.30pm, you may put this form/money in the "After Hours" box outside of City Hall--no cash in after hours box.

QUESTIONS? Please e-mail: Hwilliams@cityofrichmondmo.org

Office Use Only

Amount Paid \$ _____

Date Rec'd _____

By _____