

O.O. McINTYRE PARK DISTRICT FALL SOCCER REGISTRATION

Objective: This is a RECREATIONAL league. We emphasize skill building, teamwork, and social skill development. "Win first" attitudes will not be tolerated.

All games played at Raccoon Creek County Park on Saturdays, Tuesdays and/or Thursday evenings. Practice times and locations will be determined by team coaches. When possible children will be placed on school team, however, we reserve the right to place players on teams as we see fit. If no coach volunteers for school team before deadline, players will be placed elsewhere. Players registering after the deadline will be placed as needed without regard to school.

Please print, complete and mail payment or deliver between the hours of 8am-4pm to: O.O. McIntyre Park District, 18 Locust St., Gallipolis, Oh. 45631. Make Checks Payable to: O.O. McIntyre Park District

\$28.00 Gallia County Resident for First Child

\$22.00 Each Additional Child In Immediate Family

\$5.00 Shin guards

\$8.00 LATE FEE AFTER AUGUST 29TH, 2011

NAME: _____ GRADE _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT PERSON _____ PHONE _____

SCHOOL _____ PREVIOUS TEAM _____

EMAIL ADDRESS _____

T-SHIRT SIZE: We order shirts according to size marked on form; please be sure of size.

CHILD SIZE: 6-8 ___ 10-12 ___ 14-16 ___ **ADULT:** S ___ M ___ L ___ XL ___

Please Check The League in Which Your Child Will Play:

___ Kindergarten ___ League 1 (1st & 2nd Graders) ___ League 2 (3rd & 4th) ___ League 3 (5th & 6th graders)

MOTHER/FATHER INTERESTED IN COACHING

___ HEAD COACH ___ ASSITANT COACH ___ NEITHER

I Hereby grant permission for my child to participate in the 2011 Youth Soccer League sponsored by the O.O. McIntyre Park District. I understand that although every safety precaution will be observed, the O.O. McIntyre Park District, its employees or agents, will not be responsible for any personal property lost or for any injury sustained during the program. I also understand that I am responsible for providing insurance coverage for my child while he/she is participating in the program. I also understand that any inaccurate information on the registration form could result in my son/daughter being ineligible for participation in this program.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

/DATE