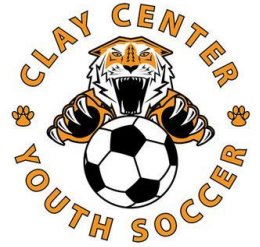




Clay Center Parks & Recreation

2019 Youth Soccer Registration



Ages: Preschool aged children to 6th graders

Teams: Pre-K - Kindergarten, 1st-3rd grade, and 4th-6th grade

Fee: \$20 per child with a \$40 limit per family before February 15, 2019

\$25 per child with a \$50 limit per family until March 5, 2019

Make checks payable to: **City of Clay Center**

Return registration and fee to the City Hall at 427 Court St Clay Center

Games: Thursday evenings starting Thursday, April 4. There will be 6 weeks of games.

Practices: Start the week of March 18th. Coaches will contact players with practice and game schedules.

Additional Info: Players must have shin-guards and appropriate footwear – no metal cleats allowed.

If you have any questions, email CCYouthSoccer@yahoo.com or cityparkdept@claycenterks.com

Visit our Facebook page at *Clay Center Parks & Recreation* to stay updated.

Return lower registration portion with payment by **March 5, 2019**.

CCPRD Player Information (one form per player):

Name: _____

Male Female Grade: _____ Birthdate: ____/____/____

Shirt Size (youth): X-Small (2-4) Small (6-8) Medium (10-12) Large (14-16) Adult M Adult L Adult XL

Parent / Guardian Information #1:

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Call Text Email: _____

Parent / Guardian Information #2:

Name(s): _____ Phone: _____ Call Text

Call to coach / assist: If you are interested in helping coach or assist we would greatly appreciate your time.

Name: _____ Phone: _____ Call Text

I would like to: Coach Assist Shirt Size (adult sizes): Small Medium Large XL XXL 3XL

Payment Information: \$20 for one player if paid on/before Feb. 15, 2019 (\$40 limit per family)

\$25 for one player if paid AFTER Feb. 15, 2019 (\$50 limit per family)

Please make check payable to City of Clay Center. Check #: _____ Cash \$ _____

Participation Release:

I release the City of Clay Center, its coaches, officials, and sponsors from all claims of injury which may be sustained by aforementioned child while participating in any City activity. If medical attention is required, I give my permission for such medical care. I also agree to follow the City of Clay Center sportsmanship standards and guidelines. By signing below, I give the city of Clay Center permission to use photographs or videos of the named participant in its promotional/educational materials.

Parent/Guardian Signature: _____ **Date:** _____

