

Spring 2010 1st-6th Grade Recreation Soccer

| Basic information | How to Register |
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| <p>Game Days: Saturday, April 24—June 5, 2010 (6 week league— No games Memorial Day Weekend)</p> <p>Game Times: Anytime between 9:00 a.m.-12:00 p.m.</p> <p>Game Location: Ella Sharp Park Soccer Fields</p> <p>Fee: \$10.00 per player (includes a T-shirt)</p> <p>Divisions: (Separate divisions for girls and boys) 1st-2nd Grades (6v6 plus goalie) 3rd-4th Grades 5th-6th Grades</p> <p>Last Day to Register: Tuesday, April 13, 2010</p> <p>A coach will contact you by: Monday, April 19, 2010</p> <p>Mandatory equipment: Gym shoes or soccer cleats (non-metal) & covered shin guards</p> | <p>Please complete the form with a check or money order to order to Jackson Recreation Department 161 W. Michigan Avenue 5th Floor Jackson, MI 49201 517-788-4040</p> |

Coaches Needed



We are looking for volunteer coaches who are interested in a fun, skill building soccer league. If you are interested, we may have a spot for you, please fill out the information listed below and return to the Jackson Recreation Department, or call 788-4040 for additional information. See back regarding the coaches clinics. All coaches are required to fill out a background check form.

Name of Interested Coach: _____
 Home Phone: _____ Work Phone: _____ SEE BACK
 Address and Zip: _____



Registration Form

Name of Participant: _____ Boy: _____ Girl: _____ Date of Birth: _____
 Address & Zip: _____
 School: _____ Grade: _____
 Home Phone: _____ Work Phone: _____
Teammate Preference: (Only one child may request each other on their registration forms, then staple together in order to be on the same team) Name of preference: _____.

The Recreation Department will select teams by a drawing and will be unable to fill any coaching request

I hereby certify that it is with my full knowledge that my child/ward _____ may play soccer during the 2010 Spring season. I will not hold the Jackson Recreation Department responsible for any injury my child/ward sustains while engaged in the Recreation Department activities.

Signature of Parent/Guardian _____ Date _____ SEE BACK



