

U6/U8 Fall Soccer

WHO

All youth boys & girls are invited to sign up for this years season of fall soccer. Age requirement for this season is no older than 7 and no younger than 4 years on Aug 1, 2008.

Huxley Parks



and Recreation

WHAT

The
2008 U6/U8
Fall Soccer
Program.

2008

WHERE

All games will be played at Centennial Park. Practices will be decided by the coaches of each team. Practices can take place in any park or grassy area that would be convenient for each team and each coach.

FOR INFO CALL: 515-597-2515

WHEN

Game days for U6 will be on Tuesday evenings. U8 will play on Thursday evenings. Games will start on September 9th and end Oct 23rd (7 weeks). Game time is 5:30PM.

HOW

You can sign up by filling out the registration below. Registration for members is \$20.00 per child and for non-members \$25.00 per child. **There will be a late fee of an additional \$10.00 for any registration received after August 27.** Registration includes a team t-shirt and season ending awards. You can turn in your registration form by one of the following ways.

1. Mail to: Huxley Rec. Dept. / 515 North Main / Huxley, IA 50124
2. Bring to Huxley Rec. Dept. during business hours
3. Drop off in the city's 24 hr. drop box on the North side of the parking lot at 3C's (city hall.)

OTHER

This league is designed to have every participant play at least half of every game. Sportsmanship is emphasized and having fun is a **MUST**. If you or someone you know is unable to afford our programs please call Josh Larsen at 597-2515. The city will grant a scholarship to those who qualify. We are also hiring referees for the flag season. Please call the Parks and Rec department for more details.

SIGNUP DEADLINE IS AUGUST 27

General Information

U6/U8 Fall Soccer

Please mark if you can coach your child's team: **yes** ___ **no** ___

Participant: _____ Guardian: _____

Ph#: (home) _____ (cell): _____ (work): _____

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

Program: Spring Soccer Cost: \$20.00 member \$25.00 non-member Grade: _____ Gender: M / F

Birthday: _____ **U6**=(Born Aug 1 2001-Dec 31, 2003) **U8**=(Aug 1 1999-July 31, 2001)

Emergency Contact: _____ Relation with participant: _____

Phone: (home) _____ (cell) _____

Doctor: _____ Phone: _____ Hospital: _____

Please list any and all medical conditions, and/or medication you or your youth presently has or had and is of concern. (IE: allergies, asthma, inhaler, or chronic conditions): _____

T-shirt size: circle those that apply (Don't forget to mark coaches size)

YOUTH—Small Medium Large

ADULT—Small Medium Large X-Large



HUXLEY
PARKS & RECREATION DEPARTMENT

THANK YOU to the coaches in advance. If it wasn't for you these programs would not be possible. **If you want to coach but can only assist please circle below.** We will put you with a coach that will love your help.

I CAN ASSIST FOR MY CHILD'S TEAM.

I hereby give permission for my child (or myself) to participate in the above registered program activity and certify that my child (or myself) is physically fit to join in the activities. I will not hold the City of Huxley or its appointed staff responsible in care of accident/injury or loss as a result of participation in these activities. All measures will be taken to contact the parents or emergency contact in the event of an emergency. In the event the listed participant requires medical and/or surgical care while I am unable to be reached, I hereby give consent for medical and/or surgical care to the listed doctor or their designee to provide this care. I agree to pay the entire costs contingent on any emergency medical care and/or treatment for the child.

Signature of participant/parent if under age 18

Date