

2012 MICRO OUTDOOR SOCCER REGISTRATION FORM

WHO: Children age 5 through Kindergarten.
WHERE: Tensfeldt Park
WHEN: **10:00 – 11:00 a.m. Saturday mornings**
DATES: April 7 – May 5
COST: \$30.00 - District residents, incl. T-shirt
\$37.50-Non Dist. residents, incl. T-shirt
DEADLINE: **Friday, March 2**

The Micro Soccer Players will not receive a schedule nor be called by a coach. They will always play from 10:00 – 11:00 a.m. each Saturday of the program. There will be no practices during the week. They will receive their T-Shirt on the first Saturday.

The players will learn the basics of soccer and play games. The fields will be scaled smaller. Staff members will conduct the practices with help from the volunteer coaches.

LATE FEE Any Youth Recreational Program registration that is received after 5:00 p.m. on the designated deadline day is classified as late. The Recreation Supervisor will determine whether a late registration will be accepted. If accepted, a late fee of \$5.00 will be assessed.

Three easy ways to register: ① **By Mail:** Complete and mail permission slip with fee to 317 S. Main St., Jefferson, WI 53549. ② **In Person:** Bring completed permission slip and fee to the Rec. Dept. Monday - Friday from 8:00 a.m. - 5:00 p.m. ③ **24-hour Drop Box:** A locked, wall mounted drop box is accessible 24-hours each day outside the West Dodge Street entrance to City Hall. This box is emptied daily.

2012 MICRO OUTDOOR SOCCER AGE 5 THROUGH KINDERGARTEN **DEADLINE: FRIDAY, MARCH 2**

Name _____ Address _____

Phone# _____ Age _____

BOY GIRL School _____ Youth T-Shirt size 6-8 10-12 14-16

The above named has my permission to participate in this program offered by the JEFFERSON RECREATION DEPARTMENT. I understand that my child is participating at their own risk and that the City of Jefferson, the Jefferson School district, the coaches and officials of the league are not responsible for any injury that may occur during the program.

Signature of Parent or Guardian _____ Date _____

yes no I am interested in helping coach my child's team. I understand that absolutely no prior soccer knowledge is required.

SPECIAL SERVICES: Please check here if you require special accommodations to fully participate. Attach a written description of needs.

Cash Check # _____ \$30.00 District Res. \$37.50 Non District Res. \$5 late fee

Make checks payable to: **City of Jefferson**

OSC