

2012 OUTDOOR SOCCER REGISTRATION FORM

WHO: All students in grades 1 through 8.
WHERE: Tensfeldt Park
WHEN: Saturday mornings.
DATES: April 7 - May 12
COST: \$30.00 - District residents incl. T-Shirt
 \$37.50 - Non Dist. residents incl. T-shirt)
DEADLINE: Friday, March 2

Players will be contacted prior to the first week of the program by a volunteer coach. You can also find out what team you are on and your game time by checking the website at www.jeffersonwis.com Click on Departments; Recreation Department, Team Info., for rosters and schedules. Coaches will distribute schedules and T-shirts. Call the Recreation Department at 674-7720 with questions.

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 outside the W. Dodge St. door to City Hall.

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COACHES NEEDED: As past participants know, the success of the Outdoor Soccer program is dependant upon the willingness of the parents to offer their time and talents as a coach. No prior soccer experience is required. Manuals are available for instruction & assistance. If you can not coach alone, a two or three person team works great. Please consider this opportunity to coach your kids. If you are interested in coaching, please check the box below and print you name on the blank.

I am interested in coaching my child's team

2012 OUTDOOR SOCCER GRADES 1 THROUGH 8 DEADLINE: FRIDAY, MARCH 2

Name _____ Address _____

Phone# _____ Grade _____ **Adult** T-Shirt size S M L XL

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

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 _____

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