

**WALKER RECREATION DEPARTMENT
4151 REMEMBRANCE RD., N.W.
WALKER, MICHIGAN 49534**

2010 CO-ED FALL YOUTH SOCCER

Dear Parents,

The Walker Recreation Department is sponsoring a Co-ed Fall Youth Soccer Program for boys and girls 6 thru 13 years of age. Listed below is some information you need to know about the program:

1. **Minimum age** – Participants must be 6 years old by September 18, 2010 or in kindergarten in the 2010-11 school year.
2. **Maximum age** – A child must not turn 14 years old before September 18, 2010.
3. **Cost** is \$30.00 for City of Walker residents and \$40.00 for non-residents of the City of Walker.
4. **REFUND POLICY** – Refunds will not be issued after your child has been placed on a team unless a replacement is found. The refund will be for the full amount less a \$10.00 administration fee.
5. The philosophy of the program is to teach skills and rules to each player. No standings are kept nor league championships awarded.

EVERY CHILD WILL PLAY IN EVERY GAME AND WILL BE GIVEN AN OPPORTUNITY TO PLAY DIFFERENT POSITIONS.

6. Practices will begin the week of September 6 and games will begin on Saturday, September 18, 2010. Each team will play 5 games during the season. Games will be played on Saturdays.
7. Each division has been adapted to the ability of each age group. (Example: field size or ball size.)
8. Each participant must provide their own shin guards.
9. **DIVISIONS:**
 - 6, 7 & 8 years of age
 - 9 & 10 years of age
 - 11, 12 & 13 years of age

Listed below are some things that can help us provide your child with a good experience in the Co-ed Fall Youth Soccer Program:

1. **VOLUNTEER COACHES ARE NEEDED!!** Lack of volunteer coaches leads to delays in final team assignments. If you or someone you know is interested in coaching (or helping coach) please fill out that section on the entry blank.
2. Please fill out the entry form completely and accurately using blue or black pen.
3. Please indicate only ONE friend that your child would like to play with and the school the friend attends. Also be certain that person indicates your child. (Please indicate both first and last names.) COACHES CANNOT BE REQUESTED.

If you have any questions about this program, please feel free to call 791-6890.

VOLUNTEER COACHES NEEDED

I AM WILLING TO COACH OR HELP COACH A CO-ED FALL YOUTH SOCCER TEAM
(COACHES MAY ONLY COACH ONE TEAM.)

NAME _____ AGE GROUP _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE _____
(Home) (Work)

I am willing to coach _____ I am willing to help coach _____

Child's Name _____

--SIGN UP INFORMATION ON BACK PAGE--

2010 CO-ED FALL YOUTH SOCCER

PLAYER'S NAME _____ AGE (As of September 18, 2010) _____

ADDRESS _____ CITY _____

ZIP CODE _____ PHONE _____

BIRTH DATE _____ GRADE _____ SCHOOL _____

SHIRT SIZE: Youth: 10-12 _____ 14-16 _____ Adult: S _____ M _____ L _____ XL _____

I wish to play (circle one) 6-7-8 9-10 11-12-13

I WISH TO PLAY WITH MY FRIEND (first and last name) _____

(You may list only one friend and the friend must list you. COACHES CANNOT BE REQUESTED.)

NAME OF SCHOOL FRIEND ATTENDS _____

Check one: Walker Resident _____ \$30. Non-resident _____ \$40.

I hereby give permission for my daughter/son _____
(circle one) (Player's Name)

Age _____ to play with a Co-ed Fall Youth Soccer Team during 2010.
(as of September 18, 2010)

WAIVER AND RELEASE OF LIABILITY

In consideration for my daughter/son being permitted to participate in the Co-ed Fall Youth Soccer Program, on behalf of myself, my heirs, executors, administrators, subrogees, and assigns, I hereby RELEASE, WAIVE, and DISCHARGE the City of Walker and any department, officer, employee, representative, agent, successor or assign of the City, from any and all liability for personal or bodily injury (including death) resulting from this activity, whether or not caused by the negligence of the City or its departments, officers, employees, representatives, agents, successors, or assigns.

I HAVE READ AND VOLUNTARILY SIGNED THIS WAIVER AND RELEASE OF LIABILITY.

(Parent's Signature)

(Address)

(City)

(Zip)

(Home Phone Number)

(Work Phone Number)

**REGISTRATIONS WILL BE TAKEN AT THE WALKER ICE &
FITNESS CENTER, LOCATED AT 4151 REMEMBRANCE
ROAD N.W., DURING OPEN BUSINESS HOURS.**

DEADLINE FOR REGISTRATION IS SATURDAY, JULY 24, 2010.

FOR FURTHER INFORMATION PLEASE CALL 735-6286

NOTE:

**11-12-13 YEAR OLDS CANNOT BE 14 YEARS OLD BEFORE SEPTEMBER 18, 2010
9-10 YEAR OLDS CANNOT BE 11 YEARS OLD BEFORE SEPTEMBER 18, 2010
6-7-8 YEAR OLDS CANNOT BE 9 YEARS OLD BEFORE SEPTEMBER 18, 2010**

**Anyone may play in a division for players who are older, but players may not play
in a division for a younger age group. Example: An 8 year old may play in the
9-10 year old division, but a 9 year old may not play in the 6-7-8 year old division.**

**PLEASE FILL OUT THE FORMS COMPLETELY AND
ACCURATELY AND RETURN THEM TO THE WALKER
ICE AND FITNESS CENTER BY JULY 24, 2010.**

*******PLEASE DO NOT MAIL THIS FORM!!!*******

PLEASE NOTE: Checks should be made payable to: CITY OF WALKER

**REFUND POLICY – No refunds will be issued once your child has been
placed on a team unless we have someone to replace them on the team.**

**The Recreation Department is not liable for any injury resulting from
this program. Registrants in this or any other Walker Recreation
Department activity participate at their own risk.**