

Spring Soccer 2020

City of Forest Park

Ages 4 - 13

COME OUT AND PLAY



CITY OF FOREST PARK
Parks & Recreation

Ages 4 - 5: \$25 Resident
\$35 Non-Resident

Ages 6 - 13: \$40 Resident
\$55 Non-Resident

Registration Deadline:
Monday, February 24



Practices will begin mid-March. Games will run April - May.

Dribblers (Ages 4 - 5)

Resident (\$25) _____ Non-Resident (\$35) _____

Passers (Ages 6 - 7) Wings (Ages 8 - 9) Strikers (Ages 10 - 11) Kickers (Ages 12 - 13)

Resident (\$40) _____ Non-Resident (\$55) _____

Name _____ Grade _____ School _____

Birthday _____ Male _____ Female _____ Uniform Size YOUTH: S M L ADULT: S M L XL

Address _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Email Address _____

We will need enthusiastic individuals willing to coach the fundamentals of soccer.

I am willing to: Head Coach _____ Assist _____

Note to Recreation: _____

I, the lawful parent/guardian of _____ (the "Participant"), in consideration of the Participant being permitted to utilize the facilities, serves and programs of the City of Forest Park (the "City"), the Forest Park Recreation Commission and other professional recreation organizations associated with the City (the "Releases"), hereby releases, waives, discharges and covenants not to sue, the City, the Forest Park Recreation Commission, its elected and appointed officials, officers, employees, volunteers and agents from all liability to the undersigned and Participant, and the undersigned's and Participant's personal representatives, assigns, heirs, and next-of-kin, for any and all loss or damage, and any claim or demands therefore or account of injury to the Participant or resulting in death of the Participant, whether caused by negligence of the Releases or otherwise while the Participant is in, upon or about the premises of, using any facilities or equipment of, or participating in any program affiliated with, the City or the Forest Park Recreation Commission.

I represent that Participant has been recently examined by a medical doctor and been found able to undertake a program of exercise without limitations.

PARENT'S/GUARDIAN'S SIGN: _____ DATE _____

For more information contact Jay Dennis 595-5252 or jdennis@forestpark.org
www.forestpark.org