

Moreau Recreational and Instructional Coed Youth Soccer Application

Name _____

School _____

Address _____

Phone _____

AGE _____ Birth Date / /

Grade in Sept. 2010 _____

Male _____ Female _____ EMAIL: _____

(NEXT FALL)

Years Rec League Experience _____

Years Travel/Competitive League Experience _____

Siblings playing this season (name and grade/age) _____

Does your child have any current conditions that limit his/her ability to participate in soccer?

If "Yes", please identify/explain any modification that would enable your child to participate:

Please provide information about allergies or medical conditions in case of an emergency (attach additional sheets if necessary): _____

I/We, the parent(s) of the above named child, give my/our approval for said child to participate in any and all Coed Youth Soccer activities, including transportation to and from the activities. I/We understand that participation in Coed Youth Soccer may result in serious injuries and that protective equipment does not prevent all injuries to players. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Moreau, sponsors, participants, coaches and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or any other cause.

Parent(s) or Guardian(s) Signature _____

Name of Family Medical/Hospitalization Plan _____

	<u>Uniforms</u>		<u>Paid</u>
	<i>Circle shirt size</i>		
	Youth	Adult	
Shirt	S	S	Date:
	M	M	Cash:
	L	L	Check:
			Amount:

Make checks payable to "Town of Moreau"

Volunteer Information

Coaches are needed at all levels. No experience needed - just the desire to help our children learn to enjoy a team sport.

Child's Name:

Parent's Name: _____

Phone: _____

I am interested in volunteering for one or more of the following: Coach _____ Assistant Coach

FALL REC SOCCER SIGN-UPS

Moreau Recreational and Instructional Soccer Program

The Town of Moreau Recreational Soccer sign-ups will be held on:

Saturday May 1st and Saturday May 08th (9am - till noon),

Town Hall

61 Hudson Street, South Glens Falls, NY12803

Or mail this form in with the \$15 fee to:

P.O. Box 1349 South Glens Falls, NY 12803.

Play will begin on **Saturday September 11th and end on Thursday October 30th.**

The program is for all children entering grades kindergarten through sixth.

With grades K through 4 in separate divisions and Fifth and sixth graders in the same division. One division for girls, and one for boys.

All children will play once during the week and once on Saturdays for 90 minutes, with time split between instructional skills and games.

Kindergarten Saturdays only

1st Grade Mondays and Saturdays

2nd Grade Tuesdays and Saturdays

3rd Grade Wednesday and Saturdays

4th Grade Thursday and Saturdays

5th/6thGrade Girls Monday or Wednesday and Saturdays

5th/6th Grade Boys Tuesday or Thursdays and Saturdays

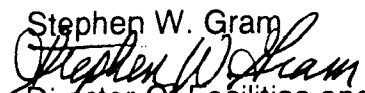
We need parents to sign up to coach. You do not need to know anything about the game of soccer. Without enough coaches, we can not have a program. So please consider signing up to coach when you sign up your child.

There will be a **ten dollars late fee after July 1st.**

The sign up form is on the reverse side of this notice.

Please direct any questions to:

Stephen W. Gram



Director Of Facilities and Recreation

(518) 793-0196