

Hernando Parks & Recreation Youth Co-ed Soccer

2010 Fall Soccer

Ages 4-14

\$65 per child



Registration deadline is August 13th, 2010

Player : _____

Age: _____

Address: _____

Phone: _____

Parents Name: _____

Email: _____

(All communication will be through email. Please print clearly)

Team Mate request: _____

(no guarantees)

Short size: YS YM YL AS AM AL

Shirt size: YS YM YL AS AM AL

NO REFUNDS AFTER A PLAYER HAS BEEN DRAFTED TO A TEAM.

Participation Release:

I, the undersigned parent or guardian, hereby consent for my child to participate in Fall Soccer. In consideration of participation in this program, I hereby indemnify and hold harmless the City of Hernando and any sponsors of the program and their respective employees and staff. I release the same from any and all liability for any injury or illness which may be suffered by my child arising out of or in any way connected with the soccer program. I assume the risk for such injury or illness. I, the undersigned, have read this release and understand all of its terms and hereby execute it voluntarily with all knowledge and understanding of its significance.

Signature _____ Date _____

Interested in Coaching: Name _____ Phone: _____

Age group: _____ Email _____



Turn in forms & payment to: Hernando Parks, 2601 Elm Street, Hernando, Ms 38632. 429-2688

www.hernandoparks.org

•Games will be held on Saturdays starting September 18th,2010

•Games will be played at the Soccer Fields on Holly Spring St. next door to Fire Station NO. 3

•League fee includes: (shirt, shorts and socks), player party with refreshments at end of season and a participation item.

•Shine guards must be worn by all players during games. (Shin guards not provided by league.)

•All age groups must have at least 32 players to make a league. In the event not enough players are available to make a league, money will be refunded.

•Parent meeting August 19th,6pm at Gale Center.

