

2016 YOUTH SOCCER LEAGUE

Alexandria Community Center 315 S. Harrison St. 724-7728
www.alexandriacommunitycenter.com

This league is played outside & gives kids the opportunity to have fun & exercise in the fresh air. The season consists of 6 games (weather permitting). All games and practices will be held at Alexandria Intermediate School. All players must be between the ages of 5-12 on Sept. 1. Players nearing the age of 5 will be placed on a waiting list. The \$40 registration fee includes a team t-shirt. All players are required to have shin guards. Age Divisions: Ages 5-7 & Ages 8-12.

The registration form and \$40 fee must be returned to ACC at 315 S. Harrison Street on or before Thursday, August 4 by 7:00 p.m. A \$10 late registration fee will be added after this date. Register during business hours Tuesday-Thursday or on Thursday, August 4 from 5:00-7:00 p.m. Ask about family discounts, payment plans and financial assistance. All fees must be paid before the first game.

DON'T RETURN THIS FORM TO SCHOOL!

Soccer

Player's Name _____

Primary Phone # _____ Secondary Phone # _____

Address _____ City _____

Grade in Aug. 2016 _____ Age _____ Birthdate ____/____/____ Male _____ Female _____

Has your child played soccer before? Yes _____ No _____ If yes, how many years? _____

Please order t-shirt large enough to fit over a jacket or sweatshirt.

Youth XS__ S__ M__ L__

Adult S__ M__ L__ XL__

Does your child have any health problems that we should be aware of? _____

ACC is not responsible for accidents, injuries or t-shirts that don't fit.

Fees must accompany this registration form unless other arrangements have been made with the director. No refunds will be made.

In consideration of participation in the above program conducted by the Alexandria Community Center (ACC), I do hereby agree to hold free from any liability the ACC and its respective officers, employees, and volunteers. I do hereby for myself, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages that may hereafter accrue to me arising out of or connected with my child's participation in a program sponsored by ACC. I attest and verify that the participant listed above is physically fit and I have read this form and understand the expectations in the program signed up for. I understand that my insurance will be the primary insurance in case of accident

I give the Alexandria Community Center permission to use pictures of my child taken during sports activities.

Parent/Guardian(please print)

Signature

Email Address _____

I am interested in coaching _____ or assisting a coach _____ A background check will be required.

In addition to the \$40 registration fee, I would like to contribute \$ _____ to a scholarship fund that will allow all interested area children to participate in ACC programs.