



2017 FALL YOUTH SOCCER REGISTRATION FORM

- Practice times are determined by matching participants and coach availability. Coach requests are NOT honored.
- **Registration forms received before (or on) the deadline receive priority!**
- All kids are welcome to play in this program and all teams are co-ed.
- All participants receive a jersey, award and certificate.
- Each team practices one hour/week (Tuesday OR Thursday) between 5:30-7:30 p.m. and play games on Saturdays.
- Teams in the north 9-11, 12-14 and 15-17 age groups practice at Aberdeen Park, but play games at MacKay-Jaycee Park

REGISTRATION DEADLINE:
July 28, 2017

Soccer Schedule
Practices begin: September 5 or 7
Games begin: Sept. 16th
Season finishes: Oct. 21st

Age Division - Age as of Sept 1, 2017 (check one)		Practice Availability <i>(Preferences may not be honored if form is received after deadline)</i>
<p><u>NORTH Practice Location (Aberdeen Park)</u></p> <p><input type="checkbox"/> Ages 4-Young 5 – 325501A</p> <p><input type="checkbox"/> Ages 5-6 – 335501A</p> <p><input type="checkbox"/> Ages 7-8 – 335501B</p> <p><input type="checkbox"/> Ages 9-11 – 335501C</p> <p><input type="checkbox"/> Ages 12-14 – 345501A</p> <p><input type="checkbox"/> Ages 15-17-345503A</p>	<p><u>SOUTH Practice Location (MacKay/Jaycee Park)</u></p> <p><input type="checkbox"/> Ages 4-Young 5 –325502A</p> <p><input type="checkbox"/> Ages 5-6 – 335502A</p> <p><input type="checkbox"/> Ages 7-8 – 335502B</p> <p><input type="checkbox"/> Ages 9-11 – 335502C</p> <p><input type="checkbox"/> Ages 12-14 – 345502A</p> <p><input type="checkbox"/> Ages 15-17- 345504A</p>	<p>Tuesdays @ 5:15 p.m. _____</p> <p>Tuesdays @ 6:15 p.m. _____</p> <p>Thursdays @ 5:15 p.m. _____</p> <p>Thursdays @ 6:15 p.m. _____</p> <p>Please indicate YES or NO next to each of the above potential practice times for your child. A minimum of two available time slots is required.</p>

Player's Name _____

Do you have other children in your household playing in this program? If so please list name(s) and ages of all players in your household:

Parent/Guardian Name _____ Home Phone _____

Cell Phone _____ Address _____

City _____ Zip Code _____ Email _____

Child's Birth Date _____ Gender: Boy or Girl School _____ 2017/18 Grade _____

Please list any allergies, medical conditions or special needs: _____

Request: Player request is honored only if **both** players (in the same age group) request each other prior to July 28, 2017

My requested friend's name is (only one name permitted) _____



Volunteer Coaches Needed!

I am willing to be: Head Coach (in charge of 1 team practice & 1 game per week. Approx. 2 hrs.) Name: _____

(Check One) Assistant Coach (assist head coach with 1 practice & 1 game per week) Phone: _____

Parent Assistant (parent willing to assist coaches based on availability) Email: _____

PAYMENT	Registration Deadline: July 28, 2017 (After the deadline, add \$5 to the registration fee)
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Fee: \$45 Resident; \$55 Nonresident Amount Paid: _____ Payment Type: Cash Check Charge

Visa/Mastercard/Discover # _____ Exp. Date: _____ CVV # (on back of card) _____

Signature: _____ Date: _____

For fee assistance information, please call (616) 456-3696, option #1

Drop off or mail to: Grand Rapids Parks and Recreation Department, 201 Market Avenue SW; Grand Rapids, MI 49503.
Phone: (616) 456-3696, option #1.