



**REGISTRATION DEADLINE:
February 9, 2012**

The Grand Rapids Parks and Recreation Department Youth Sports Program will provide a fun and safe environment which promotes sportsmanship, teamwork, skill building and positive parent involvement.

- Practice times are determined by matching participants and coach availability.
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 T-shirt, award and certificate.
- Each team practices one hour/week (Tuesday or Thursday) between 5-7 p.m. and plays games on Saturdays. The 10-12 & 13-17 teams may practice at 7 pm.
- Parents new to our program are required to attend one 30-minute parent meeting.
- All participants, parents, and spectators must follow all rules, guidelines, and policies set by the Grand Rapids Parks and Recreation Department.

Soccer Schedule

Practices begin: The week of March 19 (weather permitting)
Games begin: April 14
Season finishes: May 19

2012 SPRING YOUTH SOCCER REGISTRATION FORM

<i>Age Division</i>	<i>Playing Site</i>	<i>Practice Availability</i>
<p><i>Age as of April 1, 2012 (check one)</i></p> <p><input type="checkbox"/> Ages 4-Young 5</p> <p><input type="checkbox"/> Ages 5-6</p> <p><input type="checkbox"/> Ages 7-9</p> <p><input type="checkbox"/> Ages 10-12</p> <p><input type="checkbox"/> Ages 13-17</p>	<p><i>Location my child will practice at: (circle one)</i></p> <p><i>Aberdeen Park (North)</i></p> <p>OR</p> <p><i>MacKay Jaycee Park (South)</i></p>	<p>Tuesdays @ 5 p.m. _____</p> <p>Tuesdays @ 6 p.m. _____</p> <p>Thursdays @ 5 p.m. _____</p> <p>Thursdays @ 6 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>

Volunteer Coaches are Needed!

I am willing to be: (Check One)	<input type="checkbox"/> Head Coach (in charge of team 1 practice & 1 game a week approx. 2 hrs)	Name: _____
	<input type="checkbox"/> Assistant Coach (assist head coach with 1 practice & 1 game a week)	Phone: _____
	<input type="checkbox"/> Parent Assistant (parent willing to assist coaches based on availability)	E-mail: _____

Player's Name _____	Do you have other children playing in this program? If so please list name(s) and ages of all players in your household: _____
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Parent/Guardian Name _____ Home Phone _____

Cell Phone _____ Address _____

City _____ Zip Code _____ Email _____

Child's Birth Date _____ Sex: M F School _____ 2011/12 Grade _____

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

Request: Player requests are honored only if both players (in the same age group) request each other prior to February 9, 2012

My (requested) friend's name is : _____

Parent/Guardian Signature _____ **Date** _____



PAYMENT	Registration Deadline: February 9, 2012 After the deadline, add \$5 to the registration fee
Fee: \$42 Resident; \$52 Nonresident	Amount Paid: _____ Payment Type: Cash Check Charge
Visa/Mastercard/Discover # _____	Exp. Date: _____
Signature: _____	Date: _____

For scholarship information, please call (616) 456-3232

Drop off, mail, or fax this form to: Grand Rapids Parks and Recreation Department, 201 Market Avenue SW; Grand Rapids, MI 49503.
Fax: (616) 456-4561 (Fax for Visa/Mastercard/Discover only). Questions? Call: (616) 456-3232. Web Site: www.grcity.us/parksandrec