ALTON PARK AND RECREATION
#2 Emmie L. Kaus Lane, Alton, IL 62002
463-3580

2016 SOCCER

Open to boys and girls in grades K – 9

Online registration available at www.cityofaltonil.com; click "Program Registration"

SEASON – FALL 2016: League schedules will begin on Saturday, September 12th, with 9 or 10 games to be played at Gordon Moore Park. Practices are scheduled by the coaches about 2-4 weeks before games begin.
EQUIPMENT – Players must wear shin guards during practices and games!
REGISTRATION FEES –

Earlybird 2/16/16 – 4/8/16	**$25 Resident**	**$30 Non-resident**
Regular 4/11/16 – 6/10/16	**$30 Resident**	**$35 Non-resident**
Late 6/13/16	**$35 Resident**	**$40 Non-resident**

To register complete this form & return with proper fees to our office. Office hours are 8:00 A.M. – 5:00 P.M., Monday – Friday. Make checks payable to: **Alton Park and Recreation.**
The Alton Park and Recreation Department reserves the right to place players on any team for those registering after the 6/10/16 deadline. **After July 15th** all players will be placed on a wait list. They will be assigned to teams if space is available on a first come first served basis, according to the date the registration form was received.

In case of bad weather call 325-0035.

2016 SOCCER Earlybird - $25 Resident Regular - $30 Resident Late - $35 Resident
$30 Non-resident $35 Non-resident $40 Non-resident

(Please print)

NAME_____SEX_____BIRTHDATE____/____/____AGE_____

ADDRESS_____CITY_____ZIP_____PHONE_____

#1 EMAIL_____

#2 EMAIL_____

GRADE AS OF SEPT. 2016_____ SCHOOL ATTENDING_____

ANY MEDICAL CONDITIONS_____

EMERGENCY CONTACT_____RELATION_____PHONE_____

PLAY LAST YEAR? Y___N___ IF YES, NAME OF TEAM/COACH?_____

***I, the undersigned parent or legal guardian of the above named child, do hereby consent and agree that he/she may participate in the 2016 Soccer Program. It is agreed that the named organization or employees assume no legal liability for injuries or other loss as a result of participation.

PRINT NAME OF PARENT/GUARDIAN_____

SIGNATURE OF PARENT/GUARDIAN_____DATE_____

The success of the program is dependent upon volunteer coaches. Coaching materials are available. Previous knowledge not required. Would you be a Volunteer Coach?
Yes_____ No_____ Help_____ Daytime phone_____