



# YOUTH SOCCER



Fee: \$37 Includes uniform

Please register players at the recreation center,  
900 Arizona St., prior to the clinics.

Players need to attend one of the two clinics scheduled for their age group.

Players need to be registered no later than Thursday, **September 8th** or they will be placed on a waiting list.

Note: Teams will be filled to maximum and very few late sign-ups will be accommodated.

Players are assigned to teams by the Recreation Department.  
Individual coaches do not assemble their own teams or recruit players.

## ***SOCCER CLINICS***

All clinics are held on Pratte Soccer Fields at Veterans' Memorial Park

<b>*Kindergarten</b>	<b>8/31 or 9/1</b>	<b>@ 6PM</b>
<b>1st - 2nd grade</b>	<b>8/31 or 9/1</b>	<b>@ 7PM</b>
<b>3rd - 5th grade</b>	<b>9/5 or 9/6</b>	<b>@ 6PM</b>
<b>6th - 8th grade</b>	<b>9/5 or 9/6</b>	<b>@ 7PM</b>

*\*player must be 5 yrs. old to play unless parent is coaching*

Coaches are needed, if interested please contact 293-9256!

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Name	phone	grade
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Address	birthdate	age

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**RELEASE OF LIABILITY - ACTIVITY - SOCCER 2011**

I, the undersigned, as a participant or parent/guardian of the participant in the above named activity sponsored by the Boulder City Parks and Recreation Department, do understand that, in consideration of the Parks and Recreation Department, I do release them, their officers, agents or employees from all liability demands or claims for loss, damage or injury resulting from participating in the above mentioned activity, as there is no insurance provided. I recognize and understand that the above described activities require that I be in good health. I warrant and declare that the participant is in good health.

If the participant is a minor, I also give my consent for his/her participation in the above activities, and for any necessary emergency medical treatment.  
**PHOTO RELEASE: I DO \_\_\_ DO NOT \_\_\_** consent to & authorize the use & reproduction by the Boulder City Recreation Department of any photographs & audio-visual materials taken of me for marketing materials or for any other use for the benefit of the program.

Signature (if minor: Parent or Guardian)

Date