

Indoor Soccer, Gr. K-6 Spring 2010



Rocky River Recreation Dept.
21018 Hilliard Blvd.
Rocky River OH 44116
356-5666 Recreation Center Office
895-2599 Civic Center Lobby

Team play for boys and girls, Kindergarten thru Grade 6. The "micro soccer" concept allows for age-appropriate field size, ball size, and a fewer number of players per team to allow for more opportunities to handle the soccer ball. Emphasis is on fun, sportsmanship, and basic skills. Teams are coached by volunteer parents. All players receive a team T-Shirt.

RESIDENT: \$41.00
NON-RES: \$55.00 (If space beginning March 13th)
LOCATION: Indoors on the soccer "turf" at the Recreation Center
PRACTICES: Begin week of April 18; one 45-minute practice per week, scheduled between 4:30-7:30 p.m.
GAMES: Games will be played on Saturdays.
DIVISIONS:

Girls Kindergarten	Boys Kindergarten
Girls Grade 1	Boys Grade 1
Girls Grades 2-3	Boys Grades 2-3
Girls Grades 4-6*	Boys Grades 4-6*

* Grades 4-6: Player evaluation at Kensington School gym;
 all registered players in grades 4-6 should make every effort to attend:
 Girls Gr. 4-6: Mon. March 29 5:15-6:00pm
 Boys G. 4-6 Mon. March 29 6:15-7:00pm

Players:

Coaches will call you with your team assignment after April 9, If you haven't heard from your coach by April 9th, call the Recreation Office @356-5657

COACHES MEETING

Tuesday, March 30th
Ice Rink Pavilion

You will be contacted prior to the meeting.
Receive team rosters, go over rules, etc.
Please make every effort to attend

Grade K Coaches.....	:6:30-7:15 pm
Grades 1 Coaches.....	:7:15-8:00 pm
Grades 2 & 3 Coaches.....	:8:00-8:45 pm
Grades 4-6 Coaches.....	TBA

REGISTRATION ENDS MARCH 13th

INDOOR SOCCER REGISTRATION 2010

PLAYERS:
 Have you ever played on a Travel Soccer Team? yes no
 Have you played in the Rec League before? yes no
 T-Shirt Size: YS YM YL AS AM AL
 (preferred)
WRITE-IN GRADE/DIVISION YOU ARE REGISTERING FOR:
 BOYS, GRADE _____ GIRLS, GRADE _____

PARENTS: COACHES AND ASSISTANTS ARE NEEDED.

YES, I would like to coach my child's team
 YES, I could be an ASSISTANT coach only
 SORRY, I CANNOT HELP COACH THIS SEASON.
 Coach Name _____
 Daytime Phone # _____
 I would like to coach with: _____
 (name of other parent if you have a preference)

Student Name _____ Grade _____ Male Female Birthdate ____/____/____
 Address _____ City _____ Zip _____
 Home Phone (_____) _____ Parent Name & Work Phone (_____) _____
 School _____

WAIVER and RELEASE: In consideration of the City of Rocky River Recreation Dept. accepting my or my child's entry, I hereby for myself, my child, my heirs, executors, and administrators waiver and release any and all rights and claims for damages I or my child may have against the City of Rocky River Recreation Dept., its employees, agents and independent contractors. I do hereby hold the City of Rocky River blameless of and from any and all liability which may arise out of or result from participation in the recreational program. My registration indicates that I have read and understand information relevant to my program choice. I understand that photographs of participants may be used for marketing or promotional purposes for the Recreation Dept. and hereby grant permission for my or my child's photograph to appear in such promotional literature.

Parent or Guardian Signature _____ DATE: ____/____/____

Amount paid: \$ _____ Visa/Mastercard/Discover # _____ / _____ / _____
 Cash Check Expiration Date ____/____

Cashier: _____ Approval # _____ Transaction # _____

Return completed form to:
 Recreation Office 21018 Hilliard Blvd. Rocky River 44116 or Civic Center 21016 Hilliard Blvd. Rocky River 44116