



Fall 3v3 Soccer

CHILDREN GRADE K-2nd

Didn't get enough soccer this spring? Give this new 3v3 soccer league a try! The first night of program will be a practice and refresher of basic soccer skills and fundamentals, after that its all games in a 3v3 format. Keeping the teams small will engage the kids more by allowing more opportunities to touch and handle the ball. Referees will help coach and facilitate the games. *Limited number of spots available.*

Fee: \$33 per child, includes team shirt

Days/Dates: Wednesdays, September 4-October 9

Location: Butterfield Park

Time(s): Kindergarten: 5-5:45 p.m. OR 1st/2nd: 6-6:45 p.m.

Notes: First night is practice followed by games the remaining nights

Boys and girls will be placed on separate teams for the 1st/2nd grade division

REGISTRATION DEADLINE: August 2, 2019

Sign up early, we can't guarantee there will be openings after the deadline.

A LATE FEE OF \$10.00 WILL BE ADDED FOR EACH REGISTRATION AFTER THE DEADLINE.

TEAM ASSIGNMENT POLICY (If Applicable): Children will be placed on teams in a random manner with the exception of children living in the same household. Children in the same household will be placed on the same team, providing the children are in the same age/division. **NO SPECIAL TEAM REQUESTS!**

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS

Player's Name: _____ Gender (Circle One): Boy or Girl

D.O.B.: _____ Age: _____ Grade (2019-20) _____

Circle Shirt Size (circle one): YXS (2-4) YSM (6-8) YMD (10-12) YLG (14-16) AD SM AD MD AD LG AD XL

Circle Division (circle one): KINDERGARTEN (5-5:45) 1st/2nd Grade (6-6:45)

Parent's Name(s): _____ E-mail: _____

Address: _____ Phone: _____

Parent's Signature: _____ Date: _____

Signature of Parent/Guardian: I hereby authorize my child to register to participate in any of the stated programs above sponsored by the City of Marion Parks and Recreation Department. I understand that these programs, like most programs similar in nature, have some degree of inherent risk involved. Furthermore, my child is in good physical condition appropriate to participation in the above activities and I understand that the participants must assume full responsibility for bodily injury incurred while participating in the activities. No accident insurance is provided through the City of Marion. I grant the Marion Parks and Recreation Department permission to use photos and/or videos taken of my child during participation in these programs. I waive my right to inspection or compensation.

VOLUNTEER COACHING: Please complete the following information if you are interested and able to help coach your child's team.

Coach's Name: _____ Phone Number: _____ Shirt size: _____

E-mail: _____ D.O.B. (For Background Check): _____

Driver's License Number (For Background Check): _____

RETURN FORM & PAYMENT TO:

Marion Parks and Recreation, 4500 Tenth Street, Marion, IA 52302

For questions or more information please contact
Marion Parks & Recreation at 319-447-3590