



Youth Spring Soccer

KICK STAR SOCCER: CHILDREN AGE 3

This 4-week program introduces players to the basics of organized soccer in a fun, non-competitive environment. A variety of soccer skills are introduced using drills, games, and activities. These fundamentals include: kicking, dribbling, passing, tapping, throw-ins, running, and agility. Recreation staff leads coaches through the drills and then the coaches replicate those drills with their team. *VOLUNTEER COACHES NEEDED!*

FEE: \$33 per child, includes team shirt

DAYS/DATES: Wednesdays, April 8-29

LOCATION: Butterfield Park

TIME(S): 5:30-6 p.m. or 6:15-6:45 p.m. (SELECT ONE)

NOTES: This is an instructional and introductory program focusing on basic skills and fundamentals with no games being played.

TINY GOAL KICKERS SOCCER CAMP: CHILDREN AGES 4-6

An instructional league designed to develop and introduce basic soccer skills, rules, and other concepts. Players are randomly assigned to teams in this non-competitive and recreational, 7-week co-ed league. The first 2 nights are treated as group practices and the remaining 5 nights will be games played in a 3v3 or 4v4 format on a small, scaled down soccer field to increase player participation and interaction. *VOLUNTEER COACHES NEEDED!*

FEE: \$33 per child, includes team shirt

DAYS/DATES: 4 Year Old: Tuesdays April 7-May 19

TIME(S): *5:30 p.m. or 6:30 p.m. (times scheduled by staff to evenly distribute teams)

5/6 Year Old: Thursdays, April 9-May 21

LOCATION: Butterfield Park

NOTES: *Times are scheduled by staff and will rotate weekly (5:30-6:15pm or 6:30-7:15pm) to allow for even team distribution. Cleats and shin-guards are recommended for player safety.

REGISTRATION DEADLINE: March 13, 2020

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: 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): _____

Shirt Size: YXS (2-4) YSM (6-8) YMD (10-12) YLG (14-16) ADULT: _____

Division: KICK STAR (3 year old) TINY GOAL KICKERS (4 year old) TINY GOAL KICKERS (5/6 year old)

3 Year Old Kick Star Soccer Time Preference (CIRCLE ONE): 5:30-6:00 6:15-6:45

PARENT'S NAME(S): _____ E-MAIL: _____

ADDRESS: _____ PHONE: _____

PARENT'S SIGNATURE: _____ DATE: _____

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided). PLEASE NOTE THAT THIS WAIVER AND RELEASE OF CLAIMS IS A COVENANT NOT TO SUE. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT SIGNING THE BELOW AGREEMENT, YOU SHOULD SEEK THE ADVICE OF INDEPENDENT LEGAL COUNSEL.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims that I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the City of Marion and the Marion Parks and Recreation Department, including its officials, agents, volunteers and employees (herein collectively referred as the Marion Parks and Recreation Department). If I am registering my minor child/ward, I am authorizing them to participate in the program activity and state that my minor child/ward is in good physical condition to participate in this program/activity. I do consent and authorize the Marion Parks Department to provide first aid or call for emergency medical services, should the Marion Parks Department deem that such care be necessary. Further, I hereby waive the right to inspect the Marion Parks and Recreation facilities and hereby accept the condition of all such facilities that will be used in conjunction with this activity/program. Also, by signing this waiver form I grant full permission to the City of Marion and the Marion Parks and Recreation Department to use any photographs of me and/or my children taken during any Marion Parks and Recreation Department activity or at any of the Marion Parks and Recreation Department facilities for publicity, in its program booklet and/or on its website or social media. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward.

I do hereby fully release and forever discharge the City of Marion and the Marion Parks and Recreation Department from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

REFUND POLICY: Recreation Programs and swimming lessons may only be made when requested prior to the start of the program. Request must be made in writing and a \$10.00 administration fee shall be deducted from the total participation fee. Late registration fees are not refundable.

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