This youth soccer league is for boys and girls in Pre-K to 8th grade. Pre-K games are held on Saturdays, while Kindergarten through 8th grade will play Monday - Thursday evenings and Saturdays. The registration period is December 15 - January 31*.

FEE
$35 for Pre-K | $50 for Kindergarten - 8th Grades
$10 Late Fee Applied Between February 1-4

START
Tentative Start Date of March 3, 2020

COACHES NEEDED!
A coaches meeting and player draft (grades 1st - 8th - players do not attend) will be held on February 6 at 6:00 p.m. at the Shawnee Park Center.

Sign Up Online At: www.cityofcape.org/soccer
AGE: Pre-K through 8th grade (must be 4 years of age by March 1, 2020).
LEAGUE FORMAT: Pre-K plays 4-5 total games on Saturdays. K-8 grades play 8 total games on Mondays, Tuesdays, Wednesdays and Thursday evenings, and Saturdays over a 5-6 week season.
IMPORTANT DATES: Coaches’ meeting and draft is scheduled for February 6 at 6:00 p.m. at the Shawnee Park Center. Grades 1st-8th will be drafted.
REGISTRATION: The registration deadline is January 31. A $10 late fee will be applied between February 1-4. Anyone registered after February 5 is not guaranteed a jersey when games start.
ENTRY FEE: Kindergarten - 8th grade is $50.00. Pre-K is $35.00. Late fee details listed above.
LEAGUE DIRECTOR: Tessa Bollinger. Contact at tbollinger@cityofcape.org or 573.339.6736.

PLAYER FORM
First Name_________________________ Last Name_________________________
Address__________________________ City__________________ State________ Zip________
Primary Number____________________ Email__________________________
Date of Birth __________/________/_________
Age__________________ Gender (circle one): MALE FEMALE
Parent/Guardian Name________________________
Shirt Size (circle one): YS (5-8) YM (10-12) YL (14-16) AS AM AL AXL
Division (circle one): Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th
Special Requests________________________
Are you interested in sponsoring a team? Yes No Business Name________________________

I/We, the parent(s) of ______________________________ fully understand the risk of personal injury due to my participating in the City of Cape Girardeau Parks and Recreation Department League, and hereby agree to assume such risk. In consideration of the opportunity to participate in this league I hereby waive all claims for personal injury and property damage, of any kind of character whatsoever, against the City of Cape Girardeau. In addition I hereby release the foregoing from liability for any such claims that may arise from, or occur as a result of, my participating in the City of Cape Girardeau Parks and Recreation Department League. In further consideration for the opportunity to participate in the City of Cape Girardeau Parks and Recreation Department League, I hereby agree to indemnify and hold harmless the City of Cape Girardeau, and all league officials, and coaches, including but not limited to relatives of participants in the City of Cape Girardeau Parks and Recreation Department League, for personal injury that may result from or be caused by intentional, reckless, or negligent conduct. This indemnity shall survive my child/dependencies participation in this City of Cape Girardeau Parks and Recreation Department League. I certify that my child/dependent is in good physical health and I have no knowledge of my child/dependent having a history of any type of physical or mental ailment that would present a risk of physical danger to my child/dependent or any participant in the City of Cape Girardeau Parks and Recreation Department League. I/we will furnish a certified Birth Certificate of the above named player upon request of the league officials.
I/We have read the above carefully, understand it, and agree to it.
Parent/Guardian Name________________________ Date________________________

COACH FORM: Only fill out if interested in coaching. A mandatory background check will be completed for every potential coach.
Coach’s Name_________________________ Player’s Name_________________________ Age____
Address__________________________ City__________________ State________ Zip________
Primary Number____________________ Email__________________________
Texting Number____________________ Cell Phone Provider (AT&T, Verizon, etc.)________
Circle One: Head Coach Assistant Coach Either
Shirt Size (circle one): AS AM AL AXL 2XL 3XL
HEAD COACHES ONLY:
Do you have an assistant coach (only 1 asst.)? Yes No If yes, assistant coach’s name________________________
ASSISTANT COACHES ONLY:
Do you have a head coach you would like to join? Yes No If yes, head coach’s name________________________
Coach’s signature________________________ Date________________________