



Spring Youth SOCCER

Boys & Girls in Pre-K to 8th grade!

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.

Presenting Sponsor:



Sign Up Online At:
www.cityofcape.org/soccer



**CITY of CAPE
GIRARDEAU**
PARKS & RECREATION DEPARTMENT

410 Kiwanis Drive
Cape Girardeau MO 63701
573.339.6736
tbollinger@cityofcape.org



YOUTH SOCCER LEAGUE REGISTRATION FORM

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, deliberate, reckless, or negligent conduct. This indemnity shall survive my child/dependents 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.

Parents or Guardian signature

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