

SOCCER TIME!

**Smaller Team Sizes • Smaller-sided Games
Smaller Price!**

REMEMBER TO BRING YOUR GEAR:

- athletic shoes
- water bottle
- shin guards
- appropriate clothing
- soccer ball



MICRO SOCCER • AGES 4 - 5 as of 7/31/10

born between 8/1/04 & 7/31/06

Program: Fun-based, skill building. Limit of 40 children.
Location: Battle Mountain High School
Dates: Saturdays • 9/11 - 10/23 (no session on 10/2)
Times: 9 - 10 am
Cost: \$50 (includes a t-shirt)
Register By: 8/13/10 (fills up fast, register early!)

U8 SOCCER • AGES 6 - 7 as of 7/31/10

born between 8/01/02 & 7/31/04

Program: 4 on 4 format, focus on fun and skill-building.
Location: Vail - Avon
Dates: Tuesdays & Thursdays • 9/7 - 10/23
 Saturday - GAMES
Times: Determined by coaches (generally b/w 4 & 6:30 pm)
Cost: \$50 (includes a uniform)
Register By: 8/13/10 (fills up fast, register early!)

U10 SOCCER • AGES 8 - 9 as of 7/31/10

born between 8/01/00 & 7/31/02

Program: 6 on 6 format, in-house league.
Location: Vail - Avon
Dates: Mondays & Wednesdays • 9/8 - 10/23
 Saturday - GAMES
Times: Determined by coaches (generally b/w 4 & 6:30 pm)
Cost: \$55 (includes a uniform)
Register By: 8/13/10 (fills up fast, register early!)

U12 SOCCER • AGES 10 - 11 as of 7/31/10

born between 8/01/98 & 7/31/00

Program: 6 on 6 format, in-house league.
Location: Vail - Avon
Dates: Mondays & Wednesdays • 9/8 - 10/23
 Saturday - GAMES
Times: Determined by coaches (generally b/w 4 & 6:30 pm)
Cost: \$55 (includes a uniform)
Register By: 8/13/10 (fills up fast, register early!)

Teams will be put together based on where players reside and go to school. Special requests will be reviewed but we cannot guarantee these request will be met.

3 WAYS TO REGISTER:

1. Mail this form and payment to:
VRD SPORTS • 700 South Frontage Road East • Vail, CO 81657
2. Fax this form to: 479-2281
3. Use our new online registration service at www.vailrec.com/youthsoccer.cfm

★ **Registration Deadline - August 13, 2010** ★

Registration forms received after 4/2/10 will be assessed a \$10 fee. Cancellations must be received prior to the first practice in order to receive a refund minus a \$5 handling fee.

Are you interested in coaching? Yes No
(Coaches kids play for free!)

Name _____ Phone _____

Are you interested in refereeing? Yes No

Are you interested in sponsoring a team (\$300)? Yes No
(Your name will be on the t-shirts!)

Business Name _____
 Address _____
 City, State, Zip _____
 Contact _____ Phone _____

Child's Name _____

M F Date of Birth _____ Age as of 7/31/09 _____

Mailing Address _____

City, State, Zip _____

School _____ Grade _____

Uniform Size Youth S M L Adult S M L

Signing up for MICRO SOCCER U8 U10 U12

Any physical conditions or allergies the coach should know about?

Mother's Name _____

Mother's Phone Home _____ Work Phone _____

Mother's Email _____

Father's Name _____

Father's Phone Home _____ Work Phone _____

Father's Email _____

Emergency Contact _____

Home Phone _____ Work Phone _____

Cell Phone _____

Agreement to Waive legal Rights in consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I agree to waive and release the Vail Park and Recreation District and/or the Town of Vail. I give permission for my child to ride on the Town of Vail buses, in any VRD vehicle and on Eagle County School District buses. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature _____

Print Name _____ Date _____

PAYMENT: Amount Received: \$ _____ Cash Check # _____

Charge # _____ Exp. _____

Cardholder _____