



# 3rd - 8th Grade Fall Soccer 2016

The Salina Parks & Recreation Department is offering a Fall Soccer League for girls & boys in 3rd through 8th grades consisting of 3rd-5th and 6th-8th leagues. Traditionally, 7 v 7 coed teams have been formed in the past playing on a shorter field with more touches and action. **A mandatory skills assessment will be held on Monday, August 15th @ 6:30 p.m. at the Salina Soccer Complex, 2100 E Magnolia** (strictly to judge ability to draft teams as fair as possible).

Teams will practice throughout the season at Bill Burke Park approximately 1-2 times/week at the coaches discretion. Teams will play 1-2 games/Sat. at the Salina Soccer Complex tentatively scheduled: Sept. 10, 17, 24, Oct. 1, 8, 15 & 22.

All students who would like to play soccer should fill out the form below and return it to the Parks & Recreation office no later than Monday, August 15th, 2016, by 5 p.m. There is a **\$37.00** per participant fee that is to be turned in with this form. Each participant will be provided with a T-shirt. Also, if you know someone who would be interested in coaching a team, please indicate on the form below.

**Return To:** **Salina Parks & Recreation Department**  
300 W. Ash, Rm. #100  
Salina, KS 67401

**Youth Fall Soccer**  
Registration Deadline:  
Monday, August 15, 2016 (5 p.m.)

Players Name: \_\_\_\_\_

T-Shirt Size: **YM YL AS AM AL AXL AXXL**

Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Grade (2016-17): \_\_\_\_ Male / Female (circle one)

Players E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_

Name(s) of Parent or Guardian: \_\_\_\_\_

Name of person to contact in event of emergency: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Instructions (medical problems or needs that should be brought to coaches' attention, etc.): \_\_\_\_\_

<b><u>CIRCLE ONE</u></b>				
<b>A) Please rank your child on his/her athletic ability:</b> (1 being the best, 3 average, 5 below average)				
1	2	3	4	5
<b>B) # of years participant has played soccer?</b>				
1	2	3	4 or more	

Would you or someone you know be a good coach? If you're good with kids, and have a good background, that is all it takes.

Name of person that would be interested in coaching: \_\_\_\_\_

Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ email (if available) \_\_\_\_\_

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**ANNUAL PARTICIPANT CONSENT FORM & MEDICAL TREATMENT AUTHORIZATION FORM MUST BE SIGNED BY A PARENT/GUARDIAN**

**OFFICE USE ONLY!!** AMT PAID: \$ \_\_\_\_\_ DATE PAID: \_\_\_\_/\_\_\_\_/16 INITIALS: \_\_\_\_\_

Scholarship forms are available at the Parks & Recreation Office, 300 W. Ash and must be approved PRIOR to the registration deadline.

“These materials are neither sponsored nor endorsed by the Board of Education of U.S.D. 305, the superintendent or this school.”