



3rd - 8th Grade Spring Soccer 2016

The Salina Parks & Recreation Department is offering a Spring Soccer League for girls and boys in 3rd through 8th grades consisting of 3rd-5th and 6th-8th leagues. Traditionally, 7 v 7 or smaller coed teams have been formed in the past playing on a shorter field allowing more touches and action. **A mandatory skills assessment will be held on Wed., March 9th, 6pm at the Salina Soccer Complex** (this is strictly to judge ability to make teams equal 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/Saturday at the Salina Soccer Complex tentatively scheduled: April 2, 9, 16, 23, 30 & May 7.

All students who would like to play soccer should fill out the form below and return it to the Parks & Recreation office by the **deadline: Wednesday, March 9, 2016 by 5:00 p.m.** There is a **\$37.00/player** participation fee that is to be turned in with this form. Sign up online: www.salina-ks.gov/parksandrecreation Office: 785-309-5765.

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

Youth Spring Soccer
Registration Deadline:
Wednesday, March 9, 2016, 5:00 p.m.

Players Name: _____

T-Shirt Size (Circle): **YM YL AS AM AL AXL**

Address: _____

Grade 2015-16): _____

Phone: (Cell) _____ (Home/Work) _____

Male or Female (Circle)

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.): _____

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

ANNUAL PARTICIPANT CONSENT FORM & MEDICAL TREATMENT AUTHORIZATION FORM MUST BE SIGNED BY A PARENT/GUARDIAN AT THE TIME OF REGISTRATION. IF MAILED IN, A FORM WILL BE SENT TO YOU TO SIGN AND RETURN.

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."