

**St. Sebastian "DD" & 2nd Grade Soccer Registration
SPRING SEASON 2010**

Ages:

"DD": Kindergarten or first grade children only.

*****Children who are 5 (by April 1st) may participate if their parent is able to assist the head coach and if there are openings.

"2nd Grade: Must be in 2nd grade only.

Requirements:

Fee is \$25.00 per child or \$40.00 per family. Shirts and socks will be provided and are the child's to keep at the end of the season. Any extra funds will be used for new equipment and goal replacement.

Required Gear:

Shin guards are a must for all games and practices. Optional gear: Soccer shoes and soccer ball (size #4)

Where:

"DD" : St. Sebastian schoolyard on Saturday mornings between 8:30 a.m. and 2:00 p.m.
2nd grade : Treaty Line Soccer field or another location TBD

All games are about 1 hour, rain or shine

If you have any questions, please call Jim or Kristin Thomas at 330-836-1654.

*All fees and registration forms **must** be turned in by Friday, March 26th, 2010*

Please fill out and return this form completely.

*Make checks payable to **St. Sebastian Booster Club***

Please drop off in person/mail to Kristin Thomas, 294 S. Rose Blvd. Akron, OH 44313 marked ATTN Kristin Thomas - St. Sebastian Soccer Club

Please print clearly. Without this form properly filled out your child will not be eligible to play.

Fee paid Yes / No Cash _____ Check # _____
NAME _____ Birthdate _____ Age _____ Grade _____
Address _____
Phone number _____ Cell number _____
BOY GIRL E-mail address _____
Parent/Guardian's names (print clearly) _____

Yes, I will volunteer (please circle one) Head coaching Asst. coaching Referee

Name _____ Phone # _____

We need volunteers to make this program a successful experience for each child. Please take an active interest. Thank you for your support.

CONSENT FOR MEDICAL TREATMENT (MINOR CARE)

As a parent or legal guardian of the above named player, I hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of parent or guardian _____

Address _____