

2010 TRI-CITY SOCCER REGISTRATION

BOYS AND GIRLS AGES 5 THRU 13 AS OF 9/1/10
 REGISTRATION FEE: \$30.00 THRU AUGUST 31ST



(\$10 late fee will be applied after deadline)

REGISTRATION LOCATION: MAIL-IN OR WALK-IN

EAST ALTON RECREATION DEPT.
 KEASLER COMPLEX
 615 3RD STREET
 EAST ALTON, IL 62024

ROXANA RECREATION DEPT.
 ROX-ARENA, ROXANA PARK
 #2 PARK DRIVE
 ROXANA, IL 62084

WOOD RIVER RECREATION
 WOOD RIVER ROUNDHOUSE
 633 WOOD RIVER AVE.
 WOOD RIVER, IL 62095

BOYS DIVISIONS

AGES

PEE-WEE 6 & under
 ATOM 8 & under
 BANTAM 10 & under
 MIDGET 13 & under



GIRLS DIVISIONS

AGES

PETITE 7 & under
 CHIC 10 & under
 SOPHOMORE 13 & under

☺ Child will be placed in appropriate age bracket by agency ☺

The Tri-City Agencies are responsible for determining which roster a child is placed on, not coaches or parents!

T-SHIRT SIZE: YM(10-12) _____ YL(14-16) _____ AS _____ AM _____ AL _____ AXL _____ AXXL _____

Did you play last year? Y ___ N ___ If yes, what team? _____

NAME _____ MALE ___ FEMALE ___ BIRTHDATE ___/___/___ AGE _____

ADDRESS _____ CITY _____ PHONE _____

SCHOOL ATTENDING _____ GRADE _____

ANY MEDICAL CONDITIONS? _____

EMERGENCY CONTACT _____ PHONE _____ RELATION _____

I, the undersigned parent or legal guardian of the above named minor, do agree to abide by the Parents Code of ethics and hereby consent and agree that the above named minor may participate in the Tri-City Recreation program. I understand and acknowledge that there are certain risks of physical injury associated with my child's participation in the above named program which may occur through no fault of any volunteers, participants, employees or officers of the Tri-City Recreation League, Village of East Alton Recreation Department and/or other sponsors.

 Date Signature of Parent or Legal Guardian Work Phone

All coaches are volunteers, parents for the most part, who give their time and efforts to make youth programs possible. Please indicate below if you are willing to be a coach or assistant coach.

Mandatory for all coaches & assistants to fill out coaches application & background authorization. This is for the safety of our children.

NAME _____ PHONE _____ COACH ASSIST

OFFICE USE ONLY

DATE PAID _____ AMOUNT PAID \$ _____ RECEIVED BY _____

!NO REFUNDS!

Registration deadline: Tuesday, August 31, 2010 by 5:00PM (\$40 after deadline)