

2009 TRI-CITY SOCCER REGISTRATION

BOYS AND GIRLS AGES 5 THRU 13 AS OF 9/1/09

REGISTRATION FEE: \$30.00 THRU AUGUST 31ST

Registration deadline: Friday, August 31, 2009 by 5:00PM (\$40 after deadline)



(\$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 _____

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

*** I, the undersigned parent or legal guardian of the above named child, do agree to abide by the Parents Code of Ethics. I do hereby consent and agree that the above named minor may participate in the Tri-City/Bi-City Baseball/Softball or Wood River 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 volunteer, participant, employee, or officer of the Tri-City Recreation League, Bi-City Recreation League, Wood River Recreation, the City of Wood River, and/or any other sponsor or party.***



SIGNATURE OF PARENT/GUARDIAN _____

DATE: _____ WORK #: _____ CELL #: _____

DATE PAID _____ AMOUNT PAID \$ _____ RECEIVED BY _____

!NO REFUNDS!