CLARE YOUTH SOCCER LEAGUE

The **Clare Youth Soccer League** is a recreational soccer program for students who will be in Pre-Kindergarten – 8th grade for the 2017-2018 school year. Registration will begin on May 15th at Clare City Hall. You may mail-in, walk-in or drop your registration form with payment at Clare City Hall (202 W 5th St). Forms are available at City Hall or online at http:www.cityofclare.org.

Registration forms received after August 1 will not be accepted (no exceptions will be made!!!)

Important information
Early registration:
May 15 - June 30
$30 **City Resident**/$35 Non-Resident
Late registration:
July 1- Aug. 1
$35 **City Resident**/$40 Non-Resident
Games held Saturdays 9/9-10/14

***Coaches meeting will be held on August 15, 2017
Coaches will contact their teams by August 25, 2017
Soccer photos will be taken on September 23, 2017
SHIRTS AND SCHEDULES WILL BE GIVEN OUT BY COACHES!!!

For more information, contact Joy Simmer - jsimmer@cityofclare.org or (989) 386-7541 ext. 213

Clare Parks and Recreation

Make sure to fill out the entire form and retain top portion for your records

Player Information:

Participants Name _____ Date of Birth ____/____/____ Grade in Fall ____ School _____ Male/Female (please circle)

Any medical conditions or special needs we should be aware of? _____

Guardian Information:

Primary Guardian(s) _____
Email (Fastest way to receive information/updates) _____
Address (required) _____
City _____ State _____ Zip Code _____
Home Phone (_____)_____
Cell Phone (_____)_____
Preferred contact number: Home Phone or Cell Phone (Please circle)

Secondary Guardian(s) _____
Email (Fastest way to receive information/updates) _____
Address (required) _____
City _____ State _____ Zip Code _____
Home Phone (_____)_____
Cell Phone (_____)_____
Preferred contact number: Home phone or Cell Phone (Please circle)

*****In case of emergency, please contact _____ at (_____)_____*****

Shirt size, please circle. (Please remember to order a jersey size that is large enough to wear over warmer clothes, each player will only receive one shirt and there will be no changes to the order after the order is placed. There are jersey size samples available at Clare City Hall if you would like to have your child)

CHILD SMALL **CHILD MEDIUM** **CHILD LARGE** **ADULT SMALL** **ADULT MEDIUM** **ADULT LARGE** **ADULT XL**

*Age groups are as follows: pre-K and K, 1st and 2nd, 3rd and 4th, 5th and 6th, 7th and 8th. ** Some travel may be required for the 7th and 8th grade teams, as they play against other communities.

I would like to be a volunteer coach or assistant coach! Coach Name: _____ Shirt size: _____ Age group:_____

If you have a coaches waiver to redeem from last year, please attach with this form.

RELEASE OF ALL CLAIMS

I, _____ of _____agrees as follows:
Parent/Guardian Minor Child/Children

In return for the City of Clare permitting participation by the minor child I have listed above in a recreation program or event sponsored by the City, do for myself, the minor, all our heirs, executors, administrators and assigns, do release and forever discharge the City and its assigns from any and all actions, causes of action, damages or demands of whatever name or nature arising or to grow out of any and all accidents or matters related to the recreational program or event located in the City of Clare. I will indemnify and hold the City harmless for any injury or other damages or claims related to or caused by my participation or the minor listed above participation in the recreational program or event sponsored by the City.

I hereby specifically grant permission for the use of all photographs to the City, to use all photographs it, or its affiliates, may take of the participants in the recreational program or event without further permission or contact with me. Any photographs taken of the recreational activities and the participants will remain the property of the City of Clare for use by the City as it deems best, with no compensation to me or the minor child I have listed above.

Signature_____ Date_____
(Parent/Guardian Signature)

If you would like to donate to the recreation complex, you may include your contribution amount with your registration payment. Thank you for your continued support of Clare Youth Soccer League!

Office Use Only: Date _____ Amount _____ Cash_____ Ck#_____
Entered _____Assigned Coach _____ Team _____ Color _____