



# SYRACUSE SOCCER CLUB

It's time to sign up for the spring soccer season! We are offering soccer for any boys and girls turning 5 by Dec 31, 2011, to age 12 (cannot be 13 before 8/1/2011).

For those in U12 and U9 - Our soccer games will be played this spring in Syracuse and Nebraska City Saturdays in April and May. There are 6 to 8 games and practices will generally be held in Syracuse once or twice a week (depending on age). Coaches do their best to schedule around other sports, when possible.

For those in U6 - Our games will be the same night as our practices and will only be in Syracuse. The idea is to have fun and learn about soccer, without overwhelming the kids or the parents!

The registration fee will be \$20.00 per child and will cover the spring soccer season ONLY. For any families registering three or more children, the cost of the third child will be \$15.00. Syracuse soccer jerseys will be \$16 for youth sizes and \$19 for adult sizes. Please make your check for the registration and the jerseys to the **Syracuse Soccer Club**. **Registration must be received no later than March 21.** We also will need a copy of your child's birth certificate if he/she has not played soccer on a Syracuse team before.

Other items needed for soccer (you purchase these items on your own) include:

- Shin guards - mandatory
- Soccer or multi purpose cleats - highly recommended, as the fields get very slick & kids lose traction

**FREE SOCCER CLINIC** - If you know you want to play soccer **OR** if you aren't sure soccer is for you, **COME CHECK OUT OUR FREE SOCCER CLINIC!**

The soccer clinic will be held on Saturday, March 19 at the Syracuse High School (old) gym.

- Boys and girls born between 8/1/98 and 7/31/01 (U12) - 9:00am to 10:00am
- Boys and girls born between 8/1/01 and 7/31/04 (U9) - 10:15am to 11:15am
- Boys and girls born between 8/1/04 and 12/31/06 (U6)- 11:30am to 12:00pm

Questions about soccer? Contact Andy DeGolyer 873-2125, Brenda DeGolyer 873-2388, Cheryl Halvorsen 269-2814, or Chris Clark 259-3105 or e-mail [syracusesoccer@gmail.com](mailto:syracusesoccer@gmail.com).

<b>25% OFF</b>	402-873-7509	<b>25% OFF</b>
<b>ONE SOCCER RELATED ITEM</b>	<b>Thurman's Bike Sport</b>	<b>SHOES SHIN GUARDS SOCKS BALLS GOALIE EQUIPMENT SHORTS</b>
<b>25% OFF</b>	300 SOUTH 11TH RIGHT ACROSS FROM BURGER KING	<b>25% OFF</b>



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## Registration Form

<b>Player's First Name (on birth certificate)</b>	<b>M.I.</b>	<b>Last Name (on birth certificate)</b>
<b>Birth date (month, day, year)</b>	<b>Gender</b>	<b>Father's Name</b>
<b>Mother's Name</b>	<b>Mother's birth date (month/day ONLY)</b>	
<b>Player's Street Address</b>	<b>Grade</b>	<b>Player's City and Zip Code</b>
<b>Home Phone</b>	<b>Cell Phone(s)</b>	

**E-mail Address(es)** – This is our primary form of contacting parents. Please provide an e-mail that you check often.

**Are you registering other children?** \_\_\_\_\_ **If so, total number?** \_\_\_\_\_ (separate form for each)

**Do you need a Syracuse soccer jersey?** \_\_\_\_\_ **If so, size?** YS, YM, YL, AS, AM, AL

**Registration fee** \$ \_\_\_\_\_ (\$20 for 1<sup>st</sup> & 2<sup>nd</sup> child, \$15 for 3<sup>rd</sup> child, etc.)

**Jersey fee** \$ \_\_\_\_\_ (\$16 for youth size, \$19 for adult size)

**Total fees** \$ \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check** \_\_\_\_\_

Please make checks payable to **Syracuse Soccer Club**. Fees and registration may be mailed to: Cheryl Halvorsen, 2521 G Rd, Syracuse, NE 68446. They may also be dropped off at Syracuse City Utilities, but must be placed in a sealed envelope and labeled **Syracuse Soccer Club, Attention Cheryl Halvorsen**.

**IF THIS IS YOUR FIRST TIME TO PLAY SOCCER ON A SYRACUSE TEAM, PLEASE INCLUDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE WITH YOUR REGISTRATION.**

I recognize and understand the activity that my child will participate in, and do hereby give my permission and consent for his/her participation. I do hereby absolve, release, and agree to hold harmless the Syracuse Soccer Club and its officers, coaches, assistants, and volunteers from liability claims in the case of accidents to all family members enrolled in this program. I do hereby give my permission to the coaches or assistants of this program to arrange for transportation of my child, as they deem necessary, for the purpose of medical treatment, for injury or illness, while under their supervision.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**FORMS AND FEES MUST BE RECEIVED NO LATER THAN MARCH 21!!!**