

2018 Summer Soccer League

Registration / Waiver

All games will be played at Bucyrus fields on Thursdays.

HS students (at least 15 yrs. old) to Adults

Date: ___/___/2018 **** (DEADLINE is May 12th) ****

League Fee: \$40.00

Payment Options: **CASH**
dropped off at Concession
stand. ****Money due with
form****

Name _____ Male: Female:

Address: _____

Phone: _____ Age: ___ Circle shirt size: YM YL AS AM AL AXL AXXL (\$3 extra)

*Teamed up with FAMILY Father/Son, Mother/Daughter: Name: _____

Male: Female: Age: _____ (2 players Limit)

****MISSING ANY GAMES??...PUT DATES HERE:** _____

Emergency Contact: _____ Phone: _____

Parent or Guardian: _____

I assume full responsibility for any damage that I may do or cause while participating. I also warrant and represent that I do not suffer from any physical disability, condition, or any other problem, which in any way should prevent me from safely participating in any physical activity. By signing above I am simply acknowledging that I have been informed of program details: specifically the date, time, and location of the program. No refunds will be issued. If with proper notification and/or cause, though, the participant may receive an issued credit.

Deadline to signup is May 12th and the draft will be held approximately on May 13th. Schedule is subject to being revised based on Bucyrus Bay Spring Soccer Schedule.

Season begins May 31st - August 16th - Games will be held on weekday evenings at 5:30 and 7:00 pm respectively. Games will consist of (2) 40 Minute halves with a 5-minute halftime. Games will start promptly. Games will end at the point lightening is sighted or thunder occurs. Soccer Coordinator and referees will evaluate the game(s) depending on the weather. The Soccer Coordinator and Referee will have the ultimate decision. Safety is our main concern.

All players are required to wear shin guards to games! **No shin guards- No Play!!** Soccer cleats are preferred but are not required. Teams are expected to wear their team shirts/Jersey, same colored shorts, similar colored socks.

Contact: Soccer Coordinator - Ethan Howell: Phone - (419) 569-0397 or email at: esh350@yahoo.com

As the legal Parent/Guardian of the above named Student, I do or DO NOT give permission to have my child given emergency medical or dental treatment in the course of the Spring Soccer program.

Do give permission _____ DO NOT gives permission _____

Signed by _____ Date _____