

# Spring Soccer 2017



- Recreational soccer for kids in grades K-8th
- Participants must be age 4 as of March 1, 2017
- Each team will play 7 games
- K-6th teams will be divided into Boy and Girl Teams
- 7th/8th will be Co-Ed Teams
- Games begin March 25

## Registration Deadline: February 10

\*Late registration may be taken to complete teams for an additional \$15 late fee

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Email: \_\_\_\_\_  Yes, please keep me informed via email regarding upcoming programs & events.

**Circle Division: All divisions include a goalie except Kindergarten.**

Kindergarten (3v.3)    1st/2nd Grade (5v.5)    3rd/4th Grade (6v.6)    5th/6th Grade (7v.7)    7th/8th Grade (5v. 5)

**Shirt Size:** For all Divisions- DO NOT FILL OUT IF USING UNIFORM FROM FALL SEASON

\_\_\_ YXS \_\_\_ YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL

**Short Size:** For all Divisions - DO NOT FILL OUT IF USING UNIFORM FROM FALL SEASON

\_\_\_ YXS \_\_\_ YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL

**Sock Size:** For all Divisions- DO NOT FILL OUT IF USING UNIFORM FROM FALL SEASON

\_\_\_ Youth \_\_\_ Regular \_\_\_ King

**Fee: \$70**

**If returning to same team as**

**Fall 2016: \$55**

**If returning to same team as Fall 2016, please fill out:**

**Age Group player played in fall season:** \_\_\_\_\_

**Coaches name from fall season:** \_\_\_\_\_

**Team Name from fall season:** \_\_\_\_\_

**Uniform color from Fall 2016:** \_\_\_\_\_

**\*If you want to stay with the same team from Fall 2016, but need to purchase a new uniform you will need to pay the full \$70 fee. You will pay \$55 if you are using the same uniform from the fall.**

**Payment Type: (Circle option)**    Cash                      Check                      Credit Card (VISA    MasterCard    DISCOVER    AmEx)

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_

**The following statement must be completed by at least one parent / guardian:**

We certify that all the information is correct and accurate. We hereby give our approval for our child's participation in any and all activities associated with the Gardner Parks and Recreation Youth Soccer Program. We assume all risks and hazards incidental to such participation including transportation to and from activities: and do hereby agree to hold harmless sponsors, participants, and all persons associated with the Gardner Parks and Recreation directly or indirectly. Also, I/we authorize the Gardner Parks and Recreation to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

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



# Volunteer Coach Application

## Youth Soccer

### Head Coaches ONLY

**Application Deadline: February 3, 2017**

## Youth Soccer Program

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Email (required) \_\_\_\_\_

Do you have children registered in Gardner's Athletic Program? Yes\_\_\_\_ No\_\_\_\_  
 If your answer is yes, please list your children: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you previously coached a Gardner youth team? Yes\_\_\_\_ No\_\_\_\_  
 If your answer is yes, when was the last year you coached? \_\_\_\_\_  
 Type the team and age group last coached: \_\_\_\_\_

Have you ever received training through  
 The National Youth Sports Coaches Association (NYSCA)? Yes\_\_\_\_ No\_\_\_\_

Have you received any other type of coaches training within the last three years? Yes\_\_\_\_ No\_\_\_\_  
 If your answer is yes, please describe:

\_\_\_\_\_  
 \_\_\_\_\_

Is there a specific team you are requesting to coach for? \_\_\_\_\_  
 Or, please select the age group you wish to coach for:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> K/Under Boys       | <input type="checkbox"/> 1st/2nd Grade Girls | <input type="checkbox"/> 5th/6th Grade Boys    |
| <input type="checkbox"/> K/Under Girls      | <input type="checkbox"/> 3rd/4th Grade Boys  | <input type="checkbox"/> 5th/6th Grade Girls   |
| <input type="checkbox"/> 1st/2nd Grade Boys | <input type="checkbox"/> 3rd/4th Grade Girls | <input type="checkbox"/> 7th/8th Grade (Co-ed) |

***The primary concern and responsibility of the Parks and Recreation Department is the safety of the children. If you are selected as a head coach, you will be put through a background check from a company called Protect Youth Sports. The results of this check are sent to and will only be seen by the Human Resources Department. No one from Parks and Recreation will see the results. Gardner Parks and Recreation will follow the National Parks and Recreation Association's guidelines for credentialing volunteers. This document can be found on our website at [www.gardnerkansas.gov](http://www.gardnerkansas.gov). Failure to pass the background check will eliminate an individual from being a head coach for our Department. Questions? Call 913-856-0936.***

**"Office Use Only"**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_