



YOUTH SPORTS

RECREATION SOCCER LEAGUE

This program is for boys and girls ages 4—11 with divisions of U5, U6, U8, U10 and U12. All teams will be CO-ED and will play games at Raisbeck Park in Peculiar and Recreation Park in Raymore. The league will consist of 8 games that will be played on Saturdays, starting in late March or early April. Practices will be held during the week at a Peculiar Park starting in early March. All players will receive a uniform jersey and a participation award. Coaches meeting will be held before practices begin.

U5—U6 \$75 / U8—U12 \$95

Register by Feb. 5th for a \$10 discount

Registration Deadline

March 10th

BOYS & GIRLS
AGES 4—11

Player First Name _____ Player Last Name _____ Grade _____ Birth Date _____ / / _____ Age _____ Boy: _____
 Girl: _____

Primary Parent/Guardian (first / last) _____ Parent/Guardian (first / last) _____ Email address: _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ (Cell) _____ (Work) _____

Shirt Size: (Circle One) YS YM YL AS AM AL AXL (School) _____

Player Ability: Please rank your child's ability to play Soccer. It is important that you try to be as honest as possible.

- _____ 1) Very good at all aspects and/or Competitive Soccer Player - # of Years _____
- _____ 2) Can do a little bit of everything, but not great at any one skill
- _____ 3) Average player, does what is asked to do, has a pretty good idea of how to play
- _____ 4) Still working on the skills, likes to play but has a hard time contributing in a game
- _____ 5) 1st year of playing organized soccer or still learning a lot every time they practice or play games

Return Form – Mail or Drop-Off

Peculiar City Hall
C/O Parks & Recreation
250 S. Main Street
Peculiar, MO 64078

My family and I hereby waive and release the City of Peculiar and the Raymore-Peculiar School District from claims for damages and/or injuries incurred while participating in or as a spectator at a City sponsored event. We understand and agree that the School District offers no liability or medical insurance coverage to participants of City-sponsored programs held in School District facilities. I also agree, as a participant, or as the parent of a minor participant, to grant full permission to the City to use my name, photograph, videotape or recording for promotional purposes on activity flyers, newsletters, program guides and recreation related city-owned websites. All photographs, images or video material will be taken with City equipment and stored on City computers/servers. These things I authorize without obligation or liability to me or my family.

Parent/Guardian Signature _____ Printed Name _____ Date _____



LEAGUE COACHES ARE NEEDED! Please indicate that you are interested in coaching or assisting by completing the information below.

All Coaches must pass a background check to be eligible to coach in any Peculiar Parks & Recreation League.

Coach's Name: _____ Day Phone: _____ E-Mail: _____