



# 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 U5 & U6 league will consist of 8 games, U8—U12 will play 6 games followed by a tournament. Games will be played on Saturdays and possibly Sunday afternoons, starting in 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.

Registration Deadline

Friday, February, 24th

BOYS & GIRLS  
AGES 4—11

U5—U6 \$75 / U8—U12 \$95

Register by February 10th for a \$10 discount

Player First Name _____	Player Last Name _____	Grade _____	Birth Date _____ / _____ / _____	Age _____	Boy: _____			
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) 1<sup>st</sup> 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: \_\_\_\_\_