



# 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 April. Practices will be held during the week at a Peculiar Park starting in 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 February 16th for a \$10 discount

Registration Deadline

Friday, March 9th

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) 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: \_\_\_\_\_