

Hickory/Fountain Green Recreation Council

2009 Fall Recreation Soccer & Lazars Soccer Club Registration Form

Registration @ Hickory/Forest Hill Recreation Center

Saturday, April 25 th , 2009	9:00 AM – 12 Noon
Tuesday, April 28 th , 2009	6:00 PM – 8:00 PM
Tuesday, May 5 th , 2009	6:00 PM – 8:00 PM
Saturday, May 9 th , 2009	9:00 AM – 12 Noon

Fees:

\$50/child (4 year old, U07 and U08 Clinic programs)
 \$70/child (U09 through U15 programs)
 Lazars Soccer Club teams will be subject to additional fees
Add \$20 late fee after May 31st

Late Registration: After May 31st, **space permitting**, registration fees will increase by \$20. Please visit our web site at www.hfgsoccer.com for late registration instructions and answers to most of your other questions.

***Please complete a separate registration form for each child being registered**

Name:	Please Circle: Male or Female	Date of Birth(DOB):
Father's Name:	Mother's Name:	Age on 7/31/2008:
Father's Mobile Phone:	Mother's Mobile Phone:	Home Phone:
Email 1:	Email 2:	<u>In case of emergency – Name/Phone</u>

Any physical conditions or allergies the instructor/coach should be aware of? _____

The Hickory/Fountain Green Soccer Program is a growing volunteer organization. Please volunteer where you are able. Thank you!

Coach
 Asst. Coach
 Field Set-Up
 Equipment

Please Indicate Age Group Preference (Check)

4 Year Old Clinic - Co-Ed (DOB: 8/1/04 – 7/31/05)

- | | |
|---|--|
| <input type="checkbox"/> U07 Boys' Clinic (DOB: 8/1/02 – 7/31/04) | <input type="checkbox"/> U07 Girls' Clinic (DOB: 8/1/02 – 7/31/04) |
| <input type="checkbox"/> U08 Boys (DOB: 8/1/01 – 7/31/02) | <input type="checkbox"/> U08 Girls (DOB: 8/1/01 – 7/31/02) |
| <input type="checkbox"/> U09 Boys (DOB: 8/1/00 – 7/31/01) | <input type="checkbox"/> U09 Girls (DOB: 8/1/00 – 7/31/01) |
| <input type="checkbox"/> U10 Boys (DOB: 8/1/99 – 7/31/00) | <input type="checkbox"/> U10 Girls (DOB: 8/1/99 – 7/31/00) |
| <input type="checkbox"/> U11 Boys (DOB: 8/1/98 – 7/31/99) | <input type="checkbox"/> U11 Girls (DOB: 8/1/98 – 7/31/99) |
| <input type="checkbox"/> U13 Boys (DOB: 8/1/96 – 7/31/98) | <input type="checkbox"/> U13 Girls (DOB: 8/1/96 – 7/31/98) |
| <input type="checkbox"/> U15 Boys (DOB: 8/1/94 – 7/31/96) | <input type="checkbox"/> U15 Girls (DOB: 8/1/94 – 7/31/96) |

Does your child wish to tryout for a Lazars Soccer Club Travel Team if one is formed at their age? _____

I understand that I/my child will not be covered by any program insurance, and I agree that I will not hold the team, program, coach, instructor or Hickory/Fountain Green Recreation Council responsible for injuries received while participating or traveling to or from practices, games, and/or program trips. **I also understand that the program will place my child on a team and with a coach of the programs choosing.**

REFUND POLICY: No refunds unless program is cancelled by Hickory/Fountain Green Recreation Council.

Parent's signature required for all program participants under 18 years of age.

Signature: _____ Date: _____

Registration Fee: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Check # _____	Check Amount: \$ _____
Number of children covered by Check # above: _____		HFG Soccer Committee Initials: _____		