

U11-14 boys & girls soccer

Get out. Get going.

CITY OF KEARNEY PARK & RECREATION

KPR PO Box 1180 / Kearney, NE 68848 / 2005 1st Avenue / 308-237-4644 / Mon. - Fri. 8am-5pm / www.kearneyrec.org



Spring Recreational Soccer League



This program will focus on skill development, building player confidence, healthy competition, sportsmanship, and teamwork in a high energy, positive and organized atmosphere. The first 30-45 minutes will be utilized for warm-up, fundamental drills, and team practice. Games will be scheduled during the remaining time. A tournament will be conducted at the end of the season. Hired Park and Recreation coaches will lead the teams. One practice will be led by special guest John Maessner, UNK Women's Soccer Head Coach. Shinguards are mandatory and must be covered by a sock. Players should wear soccer or tennis shoes only with rubber soles/cleats (no football cleats please). All players will receive a team t-shirt. A reminder will be mailed to each player one week prior to the start of the season.

Age: 10 – 14, Date of birth 8/1/01-7/31/05

Location: Ted Baldwin Park

Program Fee: \$31 if registered by 3/23; \$37 after 3/23.

Day: Mondays & Thursdays

Days other than Mondays or Thursdays may be used for make-ups.

Dates: March 28 – April 21

Time: 6:30 – 8:00pm

Dates and times are subject to slight change.

Program: #208



Get out. Get going. Play Soccer!

NEW! Register online at www.KPRregister.org

Call 4-INFO at 234-4636 for postponements or cancellations.



registration form

RETURN THIS FORM WITH FEE TO: KPR PO Box 1180 / Kearney, NE 68848 / 2005 1st Avenue / 308-237-4644 / Mon. - Fri. 8am-5pm / www.kearneyrec.org

METHOD OF PAYMENT Check Enclosed ☐ Cash enclosed ☐ Make Checks Payable to "City of Kearney"

Visa® ☐ Mastercard® ☐ Discover® ☐ Credit Card # Exp. Date CCV#
3 DIGIT CODE ON BACK OF CARD AUTHORIZED SIGNATURE

FAMILY NAME HOME PHONE WORK PHONE EMAIL
ADDRESS CITY STATE ZIP



PARTICIPANT'S NAME	M/F	AGE	DATE OF BIRTH	GRADE	SCHOOL	PROGRAM#	ACTIVITY	FEE
						208	U11-14 Soccer	\$
								\$

Please describe any special needs or accommodations that you or your child may require

TOTAL \$

NOTE: YOU WILL NOT BE MAILED A WRITTEN RECEIPT. ASSUME THAT YOU ARE IN THE ACTIVITY UNLESS OTHERWISE NOTIFIED.

PARTICIPANT RELEASE STATEMENT: We understand the activities that my family has enrolled in, and I hereby give my permission and consent for their participation.

Furthermore, I recognize that proper care of equipment, fields and adequate supervision will be provided, but that inherent in these activities is a degree of assumption of risk.

I do hereby absolve, release and agree to hold harmless and City of Kearney, it's sponsors, leaders, agents and volunteers from liability claims in case of accidents to all family members enrolled in these programs.

PHOTO PERMISSION: We the parents or participating individual, grant permission for pictures to be used in the City of Kearney Park & Recreation publicity materials.

PARENT/GUARDIAN/ADULT PARTICIPANT SIGNATURE: **DATE:**

Official Use

This is not a Kearney Public Schools or Kearney Soccer Club Program.