

2010 Spring Indoor Recreation League:

763-792-7369

Formation: Teams are formed by the Blaine Soccer Club with individual players placed based on schools and neighborhoods where possible. Please Note: All traveling level players will be spread amongst the teams in the league. A Coaches' meeting is scheduled for February 23, at the Blaine Soccer Club Office at the following age groups and times: 6:00-7:00PM (U5-U7 coaches), 7:00-8:00PM (U8-U10 coaches), 8:00-9:00PM (U12-U16 coaches)

League: All players will receive participation awards. 1st and 2nd place play-off champions within the U12, U14, and U16 leagues.

Fees:	Age Group	Birth Date From	To	Fee	Program (add \$10 late fee after 1/21/2010)
	Jr Little Kickers	08/01/2005	07/31/2007	\$60	(see website/or call for details)
	U5	08/01/2004	07/31/2005	\$90	6 games / 1 team training / 1 team practice
	U6	08/01/2003	07/31/2004	\$90	6 games / 1 team training / 1 team practice
	U7	08/01/2002	07/31/2003	\$90	6 games / 1 team training / 1 team practice
	U8	08/01/2001	07/31/2002	\$90	6 games / 1 team training / 1 team practice
	U10	08/01/1999	07/31/2001	\$100	7 games / 1 team practice
	U12	08/01/1997	07/31/1999	\$100	7 games / 1 team practice
	U14	08/01/1995	07/31/1997	\$100	7 games / 1 team practice
	U16	08/01/1993	07/31/1995	\$100	7 games / 1 team practice

New: There is \$25 Discount applied for each 3rd child or more that is registered from same family for the league.

Refund Policy: A \$25.00 non-refundable fee will be assessed for all cancellations. No refunds or cancellations will be honored after the season starts. A \$35.00 fee will be charged for any returned checks.

Registrations after January 21, 2010 will be considered late and may **NOT** be accepted. Register early to ensure your placement on a team.

Anoka-Hennepin School District Disclaimer: This event, class, activity or matter is not sponsored or endorsed by Anoka-Hennepin School District #11 and is not printed at District expense.

Detach and return the bottom of this form. Please keep top for your reference.

List Any Medical Problems or Restrictions The Player Has: _____

Person To Notify In Case Of Emergency: Name: _____

Phone Number: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Blaine Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Blaine Soccer Club accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the Blaine Soccer Club, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ Date: _____

Consent for Medical Treatment As the parent/legal guardian of a participant in the Blaine Soccer Club programs, I hereby give my consent for EMERGENCY medical care by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Signature: _____ Date: _____

Consent for Photo Release As the parent/legal guardian of a participant in the Blaine Soccer Club programs, I hereby give my consent for use of my child's photo to be displayed on the Blaine Soccer website and or local newspaper for the sole purpose of displaying participation in the program.

Signature: _____ Date: _____

Office Use Only

Cash/Check #: _____ Date: _____ Amount: _____ Rec'd By: _____