



**2011 Spring Indoor Recreation League:**

763-792-7369

**Team Formation:** Teams are formed by the Blaine Soccer Club with individual players placed based on a schoolmate and /or neighborhoods where possible. Please Note: All traveling level players will be spread amongst the teams in the league.

**Player Notification:** A Coaches' meeting is scheduled for February 22, 6:00 PM & 7:00 at the Blaine Soccer Club Office depending on the age group. Coaches will then call players to confirm placement on their team on or before **3/2/11**. If you have not heard from a coach by **3/2/11** you may then contact the office for placement information.

Fees:	Age Group	Birth Date From	To	Fee	Program (add \$10 late fee after 1/20/11)
	Jr Little Kickers	08/01/2006	07/31/2008	\$60	(see website/or call for details)
	U5	08/01/2005	07/31/2006	\$90	6 games / 1 team training / 1 team practice
	U6	08/01/2004	07/31/2005	\$90	6 games / 1 team training / 1 team practice
	U7	08/01/2003	07/31/2004	\$90	6 games / 1 team training / 1 team practice
	U8	08/01/2002	07/31/2003	\$90	6 games / 1 team training / 1 team practice
	U10	08/01/2000	07/31/2002	\$100	7 games / 1 team practice
	U12	08/01/1998	07/31/2000	\$100	7 games / 1 team practice
	U14	08/01/1996	07/31/1998	\$100	7 games / 1 team practice
	U16	08/01/1994	07/31/1996	\$100	7 games / 1 team practice

Checks payable to Blaine Soccer Club

**NEW:** There is a \$25 Discount applied for each 3<sup>rd</sup> child or more that is registered from the same family for the league

**Additional Info:** Each player will receive a team shirt. Shin guards are mandatory at all games and practices. Tennis shoes or indoor turf shoes are needed. No jewelry is allowed. All participants will receive a participation award.

**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.

**Registration Deadline is January 20, 2011.** 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, it's 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: \_\_\_\_\_