



SEWARD RECREATION SPRING SOCCER PROGRAM 2017

THE RECREATION DEPARTMENT & CONCORDIA UNIVERSITY WILL BE PARTNERING FOR OUR SPRING SOCCER PROGRAM. GRADES PRE-K (must be entering K in the fall of 2017) THROUGH 6TH GRADE.

*** PARENT COACHES * GAMES PLAYED ON TUES & SAT OR THURS & SAT. APRIL 4 – APRIL 29**
*** GRADES PRE-K (entering K in Fall 2017) THROUGH 6TH GRADE**

FOR GAME CANCELLATIONS DUE TO WEATHER TEXT @SOCCR TO 81010. You will receive a text alert from the Recreation Dept. or call 402-643-9574 for a message.

FEES: RESIDENT: \$25 (MUST RESIDE IN CITY LIMITS)
NON-RESIDENT \$30 (RESIDES OUTSIDE CITY LIMITS)

MAKE CHECKS PAYABLE TO: CITY OF SEWARD

DEADLINE: WEDNESDAY MARCH 8, 2017. MAIL REGISTRATIONS TO PO BOX 38, SEWARD 68434 OR DROP OFF AT 142 N 7TH STREET AT THE REC OFFICE OR IN DROP BOX.

FILL OUT / PLEASE PRINT CLEARLY

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NAME _____ (Please check one) girl ___ boy ___
GRADE ___ AGE ___ SHIRT SIZE Youth sizes sm 6-8 ___ med 10-12 ___ lrg 14-16 ___ other ___
ADDRESS _____ TOWN _____ ZIP _____
PHONE _____ CELL _____ OTHER _____
EMAIL _____ Parent(s) Name(s) _____

PLEASE VOLUNTEER TO COACH A TEAM! OR CO-COACH WITH A FRIEND /RELATIVE/NEIGHBOR

YES! I WOULD LIKE TO COACH A TEAM _____ NAME _____
ADDRESS _____ TOWN _____ -ZIP _____
PHONE/CELL _____ EMAIL _____

For volunteering to coach a team, you will receive your registration fee back for one child as a way of saying “thanks for stepping up”!

PERMISSION TO PARTICIPATE

I (we) release the City of Seward Parks and Recreation Department and all of its coaches from all claims on account of any injuries which may be sustained by my child while participating in any city sponsored activity. If medical attention is required for injury or illness, I give my permission for such medical care. I give the Parks/Recreation Dept. my consent to take and use photographs of my child during these recreational activities.

Parent/Guardian signature _____ Date _____

INFORMATION ON REVERSE SIDE ABOUT FREE SOCCER CLINIC AT CONCORDIA BULLDOG STADIUM