

**ALEXANDRIA COMMUNITY CENTER  
2009 YOUTH SOCCER LEAGUE**

**315 S. Harrison St. 724-7728 www.alexandriacommunitycenter.com**

**This league is played outside & gives kids the opportunity to have fun & exercise in the fresh air.**

The season consists of 6 games and will end by mid-October. Games are usually scheduled on Saturday mornings and one weeknight at 5:00. All games and practices will be held at Alexandria Intermediate School. All players must be between the ages of 5-12 on September 1. Players nearing the age of 5 will be placed on a waiting list. The \$35 registration fee includes a team t-shirt & trophy.

**All players are required to have shin guards.**

Age Divisions: 5-7 yrs. & 8-12 yrs.

The 5-7 yr. league plays short-sided soccer. No score is kept.

**The registration form and \$35 fee must be returned to ACC at 315 S. Harrison Street on or before Friday, Aug. 28 at 4:00 p.m. A \$10 late registration fee will be added after this date. Register during business hours Monday-Friday or on Wednesday, Aug. 26 from 6:00-7:30 p.m.**

A limited amount of financial assistance is available.

Call the Center at 724-7728 for more information.

**DON'T RETURN THIS FORM TO SCHOOL!**

---

Player's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade in August 2009 \_\_\_\_\_

Has your child played soccer before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

Does your child have any health problems that we should be aware of? \_\_\_\_\_

**Circle t-shirt size** 6-8 10-12 14-16 Adult S Adult M Adult L Adult XL

**Please order t-shirt large enough to fit over a jacket or sweatshirt.**

**THE ALEXANDRIA COMMUNITY CENTER IS NOT RESPONSIBLE FOR ACCIDENTS, INJURIES, OR T-SHIRTS THAT DO NOT FIT.**

**Fees must accompany this registration form unless other arrangements have been made with the director. No t-shirts will be issued until all fees have been paid in full. No refunds will be made.**

In consideration of participation in the above program conducted by the Alexandria Community Center (ACC), I do hereby agree to hold free from any liability the ACC and its respective officers, employees, and volunteers. I do hereby for myself, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages that may hereafter accrue to me arising out of or connected with my child's participation in a program sponsored by ACC. I attest and verify that the participant listed above is physically fit and I have read this form and understand the expectations in the program signed up for. I understand that my insurance will be the primary insurance in case of accident

**I give the Alexandria Community Center permission to use pictures of my child taken during sports activities.**

Parent/Guardian Signature \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

I am interested in coaching \_\_\_\_\_ or assisting a coach \_\_\_\_\_ A background check will be required.

**In addition to the \$35 registration fee, I would like to contribute \$ \_\_\_\_\_ to a scholarship fund that will allow all interested area children to participate in ACC programs.**