



3 WAYS TO REGISTER:

1. Mail this form and payment to:
VRD SPORTS • 700 South Frontage Road East • Vail, CO 81657
2. Fax this form to: 479-2281
3. Use our online registration service at www.vailrec.com/youthsoccer.cfm

★ **Registration Deadline - April 2, 2012** ★

Registration forms received after 4/2/12 will be accepted on a space available basis and assessed a \$10 fee.

REMEMBER TO BRING YOUR GEAR:
 athletic shoes | shin guards | soccer ball | water bottle | appropriate clothing

MICRO SOCCER • AGES 4 - 5 as of 7/31/11
born between 8/1/05 & 7/31/07

Program: Fun-based, skill building. Limit of 60 children.
Location: Eagle-Vail
Dates: Tuesdays • 5/1 - 6/5
Times: 5 - 6 pm
Cost: \$55 (includes a t-shirt)
Register By: 4/2/12 (fills up fast, register early!)

U8 SOCCER • AGES 6 - 7 as of 7/31/11
born between 8/1/03 & 7/31/05

Program: 4 on 4 format, focus on fun and skill-building.
Location: Vail - Avon
Dates: Tuesdays & Thursdays • 4/24 - 6/2
 Saturday - GAMES
Times: Determined by coaches (generally b/w 4 & 6:30 pm)
Cost: \$55 (includes a uniform)
Register By: 4/2/12 (fills up fast, register early!)

U10 SOCCER • AGES 8 - 9 as of 7/31/11
born between 8/1/01 & 7/31/03

Program: 6 on 6 format, in-house league.
Location: Vail - Avon
Dates: Mondays & Wednesdays • 4/23 - 6/2
 Saturday - GAMES
Times: Determined by coaches (generally b/w 4 & 6:30 pm)
Cost: \$60 (includes a uniform)
Register By: 4/2/12 (fills up fast, register early!)

Teams will be put together based on where players reside and go to school. Special requests will be reviewed but we cannot guarantee these request will be met. Cancellations must be received one week prior to the start of program and are subject to a \$10 fee.

Are you interested in coaching? Yes No
(Coaches kids play for free!)
 Name _____ Phone _____

Are you interested in refereeing? Yes No

Are you interested in sponsoring a team (\$300)? Yes No
(Your name will be on the t-shirts!)
 Business Name _____
 Address _____
 City, State, Zip _____
 Contact _____ Phone _____

Child's Name _____
 M F Date of Birth _____ Age as of 7/31/11 _____
 Mailing Address _____
 City, State, Zip _____
 School _____ Grade _____
 Uniform Size Youth S M L Adult S M L
 Signing up for MICRO SOCCER U8 U10
 Any physical conditions or allergies the coach should know about?

Mother's Name _____
 Mother's Phone Home _____ Work Phone _____
 Mother's Email _____

Father's Name _____
 Father's Phone Home _____ Work Phone _____
 Father's Email _____

Emergency Contact _____
 Home Phone _____ Work Phone _____
 Cell Phone _____

Agreement to Waive legal Rights in consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I agree to waive and release the Vail Park and Recreation District and/or the Town of Vail. I give permission for my child to ride on the Town of Vail buses, in any VRD vehicle and on Eagle County School District buses. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature _____
 Print Name _____ Date _____

PAYMENT: Amount Received: \$ _____ Cash Check # _____
 Charge # _____ Exp. _____
 Cardholder _____