TIPTON YOUTH SOCCER PROGRAM

KINDERGARTEN & FIRST GRADE LEAGUE-- Practices and games will be held at the soccer fields just east of the Aquatic Center located in Tipton Park. A size 4 ball will be used. Practices will be up to coaches.

PRACTICES: Practices will be set up by the coaches per week. Basic skills are taught with an emphasis on teamwork & fair play. Practices will be starting the week of March 22nd.

GAMES: The 5-6 game season schedules and rules will be given to your coach and will be handed out at the first practice. All games will be played on Monday, Tuesday, or Saturday. Games will start the week of April 5th.

REGISTRATION DEADLINE:
Friday, March 12th the registration deadline. If the league is not full, registration will be accepted up to Sunday, March 14th.

COST: The fee for the soccer program is $25.00. The fee has increased to give each participant the best equipment & safety. If any parent cannot afford this fee please contact Adam at 886-4271.

PARENTS: The Tipton Youth Soccer program is meant to be an opportunity for young soccer players to have a good experience while learning basic soccer skills. The rules allow everyone to be involved in the action. **Parents are encouraged to be positive and supporting.** Tipton Youth Soccer downplays "winning" and promotes "fair play" and "having fun".

COACHES: Volunteer parent coaches are vital to this program. The head coach plans and leads practices and manages the team during games. It is mandatory for all head coaches to attend the coaches meeting. Coaches meeting will be held on **Tuesday, March 16th at Tipton City Hall.**

CONCESSIONS AVAILABLE AT ALL GAMES LOCATED AT THE AQUATIC CENTER!

Kindergarten – 1st Grade Soccer Registration Form

Player's Name: _____

Birthday: _____

Phone: _____

Other: _____

Cell: _____

Grade: _____ **Sex (circle) M F**

Shirt Size:
Youth: 6-8 10-12 14-16 (circle one)
Adult: S M L XL (circle one)

Compared to other youth the same age, considering athletic ability, I would rate my child as:
Beginner Average Advanced

PARENT'S STATEMENT:

I certify that the above named child is in normal health and capable of participating in the Tipton Youth Soccer program for the 2010 season. I grant permission for him/her to play and in doing so; I hereby release any and all rights and claims for injuries and/or damages I may have against the Tipton Youth Soccer League, its Board of Directors, employees, officials or coaches. I understand that the Recreation Department does **NOT** carry accident insurance on Soccer League participants.

Parent's Signature: _____

Printed Name: _____

E-mail: _____

KIRKWOOD TIPTON CENTER USE ONLY PLEASE FILL OUT ALSO!

Kindergarten – 1st Soccer

Player's Name: _____

Address: _____

City: _____ **Sex (circle) M F**

Zip: _____ **DOB:** _____

Phone: _____

Cell: _____

Other: _____

SS# ___ ___ ___ - ___ ___ - __ __ ___ ___

Method of payment: Cash / Check / Credit

****Please write checks out to Kirkwood**

CCard # ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Exp. Date: ___ ___ / ___ ___

Start: March 22nd End: May 8th

Section # _____

LEAGUE: K – 1st Grade Soccer

Have you played in the Tipton Recreation programs before?
Yes / No

PARENT'S NEEDED TO COACH SOCCER

If you think you would like to help support the Tipton Youth Soccer program by volunteering as a coach, please fill out the information below. Parent coaches commit to practice each week and Monday or Tuesday evening game. Volunteer Coaches are assigned to their own child's team. The Tipton Rec. Department will provide coaches with training and resource materials for planning and conducting practices and games. Experience and/or knowledge of the game of Soccer is not required.

Name_____

Phone_____

Cell Phone_____

Head Coach_____**Assistant**_____

Referee_____

TIPTON COMMUNITY ED / REC. YOUTH SOCCER

Kindergarten – 1st Grade

TIPTON REC. DEPARTMENT
700 PARK ROAD
TIPTON, IA 52772
(563) 886-2271