

RECREATIONAL SPRING SOCCER

Leagues designed for the development and the enjoyment of youth players 8 -15 yrs old assisted by
The MILLIGAN COLLEGE SOCCER TEAM

April 5 - May 17

Games on Sat beginning at 9:00am and practices are Tues or Thurs beginning at 5:30 pm (based on enrollment)

All ages 8 v 8 game format with off sides to play 2 - 25 min halves with a 5 minute half time

Teams are required to roster a minimum of 12 players or be assigned individually, boys, girls or coed

Shin guards required, no metal or steal cleats. Current FIFA rules apply with some modifications.



Registration Dates:

ETSF INDOOR SOCCER FACILITY

March 1

10:00am- 2:00pm

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CIVITAN PARK

March 22

10:00am- 2:00pm

Fee: \$30.00 Make all checks payable to **SPRING SOCCER**. **\$20.00** return check charge. **No refunds.**

<i>Send check and completed application to:</i>	<i>Questions:</i>
ETSF SPRING SOCCER PO Box 3273 Johnson City, TN 37602	Randy Kind ETSF Executive Director (423) 735-0341 office (423) 735-0353 (fax) email: etsfsoccer@aol.com

Name _____ Address _____

City _____ State _____ Zip Code _____ Phone# _____

Email _____ Birthday _____

WAIVER: I, the undersigned parent/guardian/participant, in enrolling in SPRING SOCCER, do understand that he/she/I, in attending any SPRING SOCCER activity/program do(es) so at his/her/my own risk. ETSF, Milligan College or Johnson City, its employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by the participant and his/her/my family, in or about any activity /program on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any activity/program on the premises, and he/she/I do(es) fully release ETSF, Milligan College or Johnson City, employees, and agents from all claims, demands, damages, rights of action-present or future, resulting from any person's participation. He/She/I agree(s) to follow the rules of play set by the SPRING SOCCER. He/She/I understand(s) that failure to do so may result in suspension from SPRING SOCCER participation. **CONSENT:** I, the undersigned parent of/guardian of/participant do hereby grant authority to the staff of SPRING SOCCER to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

SIGNED _____ **DATE** _____

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