



Saratoga Springs Recreation Department

Spring 2015 Youth Soccer



Division Practice/Play Days:

Little Kickers (Pre-K):	Sat or Sun
Big Kickers (Grade K):	Sat or Sun
Grade 1-2:	Tue & Sat or Sun
Grade 3-4:	Tue & Sat or Sun
Grade 5-6:	Wed & Sat or Sun
Grade 7-12:	T/W/Th & Sat or Sun

Dates: April 25 - June 20

Time: Wkday 5:30-7:30pm
Wkend 9am-1pm

Location:

The Saratoga Casino & Raceway
(342 Jefferson St.)

Early Bird Special Fees:

Big / Little Kickers:	C \$35	S \$60	N \$85
Grades 1-12:	C \$50	S \$75	N \$100
Add Child	C \$35	S \$60	N \$85

Early Bird Special Fees: Prices increase after
3/29/2015. Register early to save!

Saratoga Springs Recreation Center
15 Vanderbilt Ave,
Saratoga Springs, NY 12866
(518) 587-3550 ext. 2300
recreservations@saratoga-springs.org
www.saratogarec.com

Our soccer program is separated into multiple divisions to ensure players develop appropriately. The Kickers program plays 1 time per week on the weekend. All other divisions play once during the week and once on the weekend. Divisions and schedules may change depending on registrations.

Tee shirt included
Need Water, sneakers/cleats,
shin guards

Wkend dates: Sat 4/25, 5/9, 5/30,
6/13, 6/20
Sun 5/3, 5/17, 6/7

No games Sat/Sun Memorial Day wknd.

Coord: Jeff Geller, SSHS Soccer Coach
Kickers Coord: Stephanie Geller,
SSHs Soccer Coach

2 Volunteer Coaches per team are needed. Registration fee is waived before 3/29/2015 for the child of each coach.



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City of Saratoga Springs' Recreation Department

Spring Program Registration

PARTICIPANT INFORMATION						
Circle one:		City Resident	School District Resident	Non School District Resident		
Last Name	First	Male Female	Current Grade	Gr Entering Sept. 2015	Birth Date	Age
Address		City	State	Zip Code	School	
Parent / Guardian Name		First	Email		Primary Phone ()	

SPRING SOCCER April 25—June 20 EARLY BIRD SPECIAL RATES BELOW END MARCH 29, 2015						
		Circle your child's skill level:				
		Beginner	Intermediate	Advance		
Circle level	Circle applicable amount					
Little Kickers (Pre K)	City Res \$35	6P8SCC	School Res \$60	6P8SCS	Non School Res \$85	6P8SCN
Big Kickers (Kindergarten)	City Res \$35	6P8SCC	School Res \$60	6P8SCS	Non School Res \$85	6P8SCN
Grade 1 - 2	City Res \$50	6P8SCC	School Res \$75	6P8SCS	Non School Res \$100	6P8SCN
Grade 3 - 4	<i>Each Additional Child</i>		<i>Each Additional Child</i>		<i>Each Additional Child</i>	
Grade 5 - 6	City Res \$35	6P8SCC	School Res. \$60	6P8SCS	Non School Res. \$85	6P8SCN
Grade 7 - 12						
Circle Tee Shirt Size Youth: Small Medium Large Adult: Small Medium Large XLarge XXLarge						
Volunteering to Coach?	Your Last Name			First		Level Coaching (big kickers, 1/2, 3/4, etc..)

VOLLEYBALL March 4—April 8 6-8PM EARLY BIRD SPECIAL RATES BELOW Sign up Now.						
Circle level	Circle applicable amount					
Ages 8-14	City Res \$50	6RVFCC	School Res \$50	6RVFCS	Non School Res \$70	6RVFCN
Circle Tee Shirt Size Youth: Small Medium Large						

TINY T-BALL March 4—April 8 EARLY BIRD SPECIAL RATES BELOW Sign up Now.						
Circle level	Circle applicable amount					
Age 3 - 4 4:00-4:30PM	City Res \$50	6R1SCC	School Res \$50	6R1SCS	Non School Res \$70	6R1SCN
Age 4 - 5 4:30-5:15PM	City Res \$50	6R1SCC	School Res \$50	6R1SCS	Non School Res \$70	6R1SCN
Circle Tee Shirt Size Youth: Small Medium Large						

VACATION CLUB *NEW* 9am-12pm Spaces limited. Early Bird Special Prices Below Up to 3 weeks prior to program.						
Circle applicable amount						
Feb 17-20	City Res \$60	6LEWCC	School Res \$60	6LEWCS	Non School Res \$70	6LEWCN
April 6-10	City Res \$70	6LEWCC	School Res \$70	6LEWCS	Non School Res \$90	6LEWCN

Have you completed the 2015 Annual Permission agreement? _____ Yes _____ No If yes, date: _____

OFFICE USE ONLY					
City Proof (tax bill, s/b/l number, lease agreement, state/fed tax)			School District Proof (tax bill, s/b/l number, lease agreement, state/fed tax)		
Cash Amount:	Check #:	Total Amount:	Date:	Batch #:	Staff Initials:
There will be no reminder phone calls about the clinics/programs, please keep the calendar of dates! Please make checks payable to the Commissioner of Finance.					

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City of Saratoga Springs' Recreation Department Child Recreation Permission Agreement

CHILD'S INFORMATION

Child's Last Name	First	Male Female	Current Grade	Birth Date
Street Address	City	State	Zip	Age
Email	School Attending		Primary Phone ()	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name	First	Parent/Guardian Last Name	First
Street Address (if different)	City	State	Zip Cell ()
Email (if different)	Home ()		

EMERGENCY MEDICAL AUTHORIZATION FORM

Pertinent Medical Information: Please list any allergies/medical problems, including those requiring maintenance medications.
Please attach additional sheets if necessary. IF NONE MARK N/A

Allergies

EMERGENCY CONTACTS (if you need additional contacts please attach)

Last Name	First	Relationship to Child	Phone ()
Last Name	First	Relationship to Child	Phone ()

MEDICAL AGREEMENT

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in recreational activities and that my child's participation in said activities and use of any equipment related to said activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept those risks. In the event of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Emergency Department Physician). It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment, but that any treatments will not be withheld if the undersigned cannot be reached. I assume full responsibility for any medical treatment rendered on behalf of my child.

Parent / Guardian Signature	Date
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RECREATION AGREEMENT

Please consult your child's physician prior to your child's participation in any City of Saratoga Springs Recreation Program. If there are questions as to whether or not your child may be capable of participating in any activity sponsored by the City of Saratoga Springs Recreation Commission, please contact the City's Recreation Department at (518) 587-3550 extension 2300. In that your child has expressed a desire to participate in a City sponsored Recreation Program, it is important for you and your child to understand the goals and rules established for the Program. Each child will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.

In signing this agreement, I acknowledge that I fully understand there are inherent risks and dangers associated with my child's participation in Recreation sponsored activities. I also understand and acknowledge my child's participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and hereby accept those risks. I understand that my child may be photographed or videoed and his/her name may be used for publicity purposes for the Saratoga Springs Recreation Program. I hereby agree to give permission for my child to participate in City sponsored Recreation Program activities and acknowledge no physical or emotional issue which would prohibit him/her from participation. I agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my child's participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.

Parent / Guardian Signature	Date
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