



# The Saratoga Springs Recreation Department

# Fall 2015 Youth Soccer

Early Bird Registration period

**June 1-August 9!**

Special Early Bird Pricing in effect during  
Registration Period.



## Division Practice/Play Days:

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

**Dates:** Sept 5—Oct 24

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

## Location:

The Saratoga Casino & Raceway  
(342 Jefferson St.)

## Early Bird Special Fees:

(Good through 8/9/15)

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 \$100

**Prices go up \$25 after 8/9/15**



Our soccer program is separated into multiple divisions to ensure players develop appropriately.

The Kickers program plays one 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

**Coord:** Jeff Geller, SSHS Soccer Coach

**Kickers Coord:** Stephanie Geller,  
SSHs Soccer Coach

### *Can't get enough soccer!?*

Two Volunteer Coaches are needed per team. Early Bird Registration Fee is waived before 8/9/15 for the child of each coach!

**Register** at the **Saratoga Springs Recreation Center**, 15 Vanderbilt Ave

Cash or Checks only. Mailed in registrations are accepted.

For more information or to download registration forms visit our website



[www.SaratogaRec.com](http://www.SaratogaRec.com)





# City of Saratoga Springs Recreation Department

## 2015 Fall Program Registration

Early Bird Soccer Registration Period June 1-Aug 9

Early Bird Fall Registration Period for other programs Aug 10-Oct 4

Prices listed below will increase by \$25 after Early Bird registration periods end

Please Print Clearly

PARTICIPANT INFORMATION							
Circle one: <b>City Resident</b> <b>School District Resident</b> <b>Non School District Resident</b>							
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 (      )	
Have you completed the 2015 Annual Permission agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Card Color: _____ Card #: _____							
Circle T-Shirt Size							
Youth: Small    Medium    Large			Adult: Small    Medium    Large    XLarge    XXLarge				
FALL SOCCER Sept 5-Oct 24							
Circle your child's skill level:    Beginner    Intermediate    Advance							
<u>Circle level</u>	<u>Circle applicable amount</u>						
Little Kickers (Pre K)	City Res \$35	6P8FCC	School Res \$60	6P8FCS	Non School Res \$85	6P8FCN	
Big Kickers (Kindergarten)	City Res \$35	6P8FCC	School Res \$60	6P8FCS	Non School Res \$85	6P8FCN	
Grade 1 - 2	City Res \$50	6P8FCC	School Res \$75	6P8FCS	Non School Res \$100	6P8FCN	
Grade 3 - 4	<i>Each Additional Child</i>		<i>Each Additional Child</i>		<i>Each Additional Child</i>		
Grade 5 - 6	City Res \$35	6P8FCC	School Res. \$60	6P8FCS	Non School Res. \$85	6P8FCN	
Grade 7 - 12							
<b>Volunteering to Coach?</b>	<b>Your Last Name</b>			<b>First</b>		<b>Level Coaching (big kickers, 1/2, 3/4, etc..)</b>	
INTRO TO FIELD HOCKEY September 17-October 22							
<u>Circle level</u>	<u>Circle applicable amount</u>						
Ages 8-14	City Res \$50	6PFWCC	School Res \$50	6PFWCS	Non School Res \$70	6PFWCN	
INDOOR FLOOR HOCKEY September 16-October 21							
	<u>Circle applicable amount</u>						
Ages 6-12	City Res \$50	6RHACC	School Res \$50	6RHACS	Non School Res \$70	6RHACN	
TINY T-BALL September 16-October 21							
<u>Circle level</u>	<u>Circle applicable amount</u>						
Age 3 - 4	City Res \$50	6R1SCC	School Res \$50	6R1SCS	Non School Res \$70	6R1SCN	
Age 4 - 5	City Res \$50	6R1SCC	School Res \$50	6R1SCS	Non School Res \$70	6R1SCN	
VOLLEYBALL September 16-October 21							
<u>Circle level</u>	<u>Circle applicable amount</u>						
Ages 8-14	City Res \$50	6RVFCC	School Res \$50	6RVFCS	Non School Res \$70	6RVFCN	
OFFICE USE ONLY							
City/School District Proof (tax bill, s/b/l number, water/sewer bill, lease agreement)							
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.							



**City of Saratoga Springs' Recreation Department  
Child Recreation Permission Agreement**

Print Clearly

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

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