CITY OF LANCASTER
2012 YOUTH SUMMER SOCCER PROGRAM

Lancaster Youth Soccer will begin its 17th summer season of organized games. Teams will consist of boys and girls grouped into age divisions. Participants must be born between August 1, 1997 and July 31, 2006. The younger players (U-7) will play their games in Lancaster and Potosi. The (U-9, U-11 & U-14) players will have games in Lancaster, Cuba City, Potosi and Hazel Green.

PROGRAM SCHEDULE: Practices will begin in May, arranged according to coaches' schedule. Games will be played on Wednesday evenings and Saturdays beginning the week of June 4th through July 28th. The younger players (U-7's) will play on Mondays in Lancaster or Potosi with 4 vs 4 competition.

FEE: $25.00 per participant Make payable to: City of Lancaster.

REGISTRATION DEADLINE: March 2, 2012. Late registrations will be charged an additional $20 per participant late fee starting March 9, 2012.

VOLUNTEER COACHES: The success of this program depends on the volunteer participation of parents. If there are not enough coaches, there will be fewer teams! Coaching clinics and coaching materials are available.

QUESTIONS: Call City Hall at 723-4246.

DETACH AND RETURN TO:

LANCASTER CITY HALL
ATTN: RECREATION DIRECTOR
206 S. MADISON ST. LANCASTER, WI 53813

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2012 LANCASTER YOUTH SOCCER REGISTRATION FORM

I do herby give my consent for my child to participate in the 2012 Summer Youth Soccer Program and do hereby release the Cities of Lancaster, Platteville, Cuba City, Potosi, Hazel Green and their Public Schools from any hospital/medical insurance responsibility for any injury that may occur to the participant while participating in this program. I also acknowledge that proper equipment must be worn to ensure player safety. **PARENTS: Please list medical insurance information.** In case of an accident, this information would help recreation staff in providing assistance to participants. You will be notified first if an accident/incident does occur.

PLEASE PRINT (one player per form)

CHILD'S NAME_____M___ F___ BIRTH DATE ____-____-_____ AGE_____

ADDRESS_____CURRENT GRADE_____DATE_____

PARENT'S SIGNATURE_____PHONE (H)_____(W)_____

PARENTS'NAMES (PRINT) _____

MEDICAL INSURANCE, CARRIER & NUMBER_____

T-SHIRT SIZE: (CIRCLE ONE) YS (6/8) YM (10/12) YL (14/16) ADULT: S M L XL

My child will also be involved in (circle if appropriate): Summer Baseball/Softball Swim Team

I WILL VOLUNTEER AS: _____ HEAD COACH_____ASSISTANT COACH NAME:_____

Coach's T-Shirt Size (circle one): **S M L XL XXL**

Make payable to: **City of Lancaster** **FEE PAID $_____**