

West Geauga Rec Council

Spring 2017 Soccer

www.wgrc.org

WGRC Soccer provides a fun and competitive way to learn and grow your soccer skills through competition with classmates and local communities. Led by OYSAN trained & certified directors and club coaches, everyone is welcome to play and learn the game, no matter their experience.



Registration is open and continues through March 31st. The Spring Soccer Season begins in late March and runs through the second week of June.

Registration forms are on-line at
www.wgrc.org

U-10 through U-15

- Registration fee includes jersey
- 2 games & 1 practice/week
- Compete against local communities
- Optional skills sessions

Cost for Spring

\$65 - register by 2/14
\$75 - register 2/15 to 3/31
\$90 - register after 4/1

U-8

- Registration fee includes jersey
- 1 practice & 1 or 2 games per week
- Play other WGRC teams and other communities
- Optional skills sessions

Cost for Spring

\$55 - register by 2/14
\$60 - register 2/15 to 3/31
\$75 - register after 4/1

U-6 & U4

- Registration fee includes soccer t-shirt
- Fun intro to soccer with skills sessions & small sided games
- U-6 meets Saturday @ 9:15am & Monday @ 6pm
- U-4 (age 3 or 4 on Aug 1) Monday @ 5:30PM

Cost for Spring

\$55 - register by 2/14 (U6)
\$60 - register after 2/15 (U6)
\$30 - U4 registration

Equipment needed: soccer cleats, shin guards, soccer ball, and water bottle for each game and practice.

Questions: email wgrcsoccer@gmail.com or call Jeff Mann at 440-729-0158

Age Levels:

U-6: born between Aug 1, 2012 & July 31, 2010
U-8: born between Aug 1, 2010 & July 31, 2008
U-10: born between Aug 1, 2008 & July 31, 2006
U-12: born between Aug 1, 2006 & July 31, 2004
U-14: born between Aug 1, 2004 & July 31, 2002

Interested in coaching? All equipment is provided and there will be a coaches clinic. Registration fees are waived for coach's child. Contact wgrcsoccer@gmail.com for info.



Registration Form

Child's Name: _____ Gender: M F

Date of Birth: _____ Grade (Spring 17): _____ School: _____

Address: _____ City _____ Zip _____

All shirts are unisex. Circle one...

Child's Shirt Size: YS (8-10) YM (10-12) YL (12-14) YXL (14-16) AS (adult sizes) AM AL AXL

Parent/Guardian's Name: _____

Parent/Guardian's Telephone: (_____) _____ (_____) _____
Primary Secondary

Parent/Guardian's E-mail: _____
(Required for most efficient communication)

League (Grade)	<small>Circle</small> U4 (age 3 & 4)	U6 (K & Pre-K)	U8 (1 st & 2 nd)	U10 (3 rd & 4 th)	U12 (5 th & 6 th)	U14 (7 th & 8 th)
Paid by: 2/14	\$25	\$55	\$55	\$65	\$65	\$65
Between 2/15 & 3/31	\$30	\$60	\$60	\$75	\$75	\$75
After 4/1	\$30	\$60	\$75	\$90	\$90	\$90

WAIVER AND PERMISSION: I CERTIFY THAT I AM A PARENT (GUARDIAN) OF THE CHILD NAMED ABOVE. IN THAT CAPACITY, I GIVE PERMISSION FOR THE CHILD TO PARTICIPATE IN THE ABOVE NAMED PROGRAM OF THE WEST GEAUGA RECREATIONAL COUNCIL (WGRC). I ALSO SAVE AND HOLD HARMLESS THE WGRC AND ITS EMPLOYEES AND VOLUNTEERS FROM AND AGAINST ALL CLAIMS ARISING OUT OF DAMAGE TO PROPERTY OR INJURY TO PERSON(S) ASSOCIATED BY HIS OR HER NEGLIGENCE OR FAILURE TO FOLLOW INSTRUCTIONS OF THE PROGRAM PERSONNEL. I GRANT PERMISSION FOR PHOTOGRAPHS OF MY CHILD TO BE USED IN WGRC PUBLICITY.

MY CHILD IS COVERED BY OUR _____ FAMILY OR _____ SCHOOL INSURANCE (PLEASE CHECK ONE). MEDICAL FORMS MUST BE COMPLETED AND GIVEN TO THE COACH ON THE FIRST DAY OF PRACTICE.

Parent/Guardian's Signature: _____

Printed Name of Parent/Guardian: _____

I would like to be a **volunteer coach**: YES NO

Volunteer coaches have their child's registration fee waived

I would like to volunteer for other soccer activities: YES NO

Check or money order must be included with registration form. Make payable to **WGRC**. NO CASH.
Mail to: WGRC Soccer • c/o Jeffrey Mann • 9636 Kim Dr. • Chesterland, OH 44026
Contact Information: wgrcsoccer@gmail.com

West Geauga Recreation Council 2016-2017 Medical Release

Complete and mail in with registration. PLEASE PRINT!

Child's Name: _____ Date of Birth: ____/____/____

Age on 8/1/2016: _____ Grade (September 2016): _____ School: _____

Address: _____
City Zip

Parent/Guardian Name: _____ Primary Phone: _____

Secondary Phone: _____

(Other than parent)
Emergency Contact: _____ Telephone: _____

Please circle **yes** or **no**. If yes to any questions, please provide a brief description. For a longer explanation, use the back of this form.

NO YES Is the child on any medication? _____

NO YES Will the child need to take the medication during a WGRC Program? If yes, discuss with coach.

NO YES Does the child have any allergies? _____

NO YES Does the child have a heart condition? _____

NO YES Is the child prone to seizures or convulsions? _____

NO YES Does the child have asthma? If so, does he/she know how to use his/her inhaler? Yes No

NO YES Does the child have physical or mental disabilities that would require special attention?

NO YES Are there any other physical or behavioral conditions that may affect or limit full participation in soccer activities? _____

Waiver and Permission: (Valid from 8/1/2016 to 7/31/2017) I certify that I am the parent (guardian) of the child named above. In that capacity, I give permission for the child to participate in the Soccer Program(s) of the West Geauga Recreational Council (WGRC). I also save and hold harmless the WGRC, its employees, and volunteers from and against all claims arising out of damage to property or injury to person(s) associated by his or her negligence or failure to follow instructions of the program personnel. My child is covered by our _____ family or _____ school insurance (please check one).

The West Geauga Recreational Council (WGRC) reserves the right, at its sole opinion and discretion to suspend or terminate, without refund, the participation of any person enrolled in any WGRC program, for any unruly or disruptive behavior on behalf of the participant, and any parent or spectator, deemed by the WGRC to be detrimental to the orderly operation of any of its programs. *** Participants must respect others and use appropriate language or be subject to removal.

Photo Authorization: I hereby authorize the WGRC, its agents and employees to use the photographic image or likeness of the registered child for the use and benefit of the WGRC in its publications, marketing and promotional materials.

Per ORC 3707.52 as enacted by Ohio HB 143 of the 129th General Assembly, the Ohio Department of Health (ODH) is required to create a concussion and head injury information sheet for participants in interscholastic activities and youth sports. **WGRC recommends all parents are familiar with concussion symptoms. For more information, visit <http://www.healthyohiprogram.org/concussion>.**

Please initial if you agree to all of the above. _____

Signature of Parent/Guardian: _____ **Date:** ____/____/____

Printed Name of Parent/Guardian _____