



## GARDEN CITY KINDERGARTEN SOCCER

*Have A Ball While Learning To Play Soccer!*

### GCKS Fall 2010 Player Registration

#### Our Programs

Garden City Kindergarten Soccer has two co-ed soccer programs. Our K Soccer League is for children enrolled in Kindergarten during the 2010-2011 school year. Our Pre-K Soccer League is ideal for children who are 4 and 5 years old. Pre-K players must be 4 yrs old by Sept 1, 2010. GCKS is a joint venture of Franklin's & Lincoln-Eliot's Parent Teacher Organizations. Proceeds benefit both schools' PTO programs. **We encourage early registration since space is limited. Both leagues will fill up weeks prior to the registration deadline.**

#### Our Philosophy

Our programs provide a fun and enjoyable introduction to the game of soccer. We focus on teaching a variety of basic skills while encouraging active participation. Children will develop self-esteem and confidence in a non-competitive, nurturing environment. Team sizes are small, with a maximum of 10 players in each group. This format allows each child optimal participation during practices and games. **Space is limited to 80 children per league.** Once we reach 80 registrants per league, registration will be closed and a wait list will be in effect.

#### Program Schedule

Saturdays, September 11 to November 13, 2010

- 9:30am-10:30am for K Soccer League
- 10:45am-11:45am for Pre-K Soccer League

**No games on Yom Kippur September 18<sup>th</sup> & Columbus Day October 9<sup>th</sup>**

All games will be played on the fields at Burr School located on Pine Street in Auburndale.

#### Registration Fee

\$60.00 per child for the Fall Session. Participants will receive a team t-shirt, team photo and a trophy.

#### Equipment Requirement

Children are required to bring their own Size 3 soccer ball and must wear shin guards each time they play. Please dress your child in appropriate sports attire based on the weather and season. Cleats are not required for this age group.

#### Parent Volunteers Needed!

GCKS needs parent volunteers to serve as head and/or assistant coaches in order to run this program. Our experienced staff will provide training for all coaches. No prior coaching experience is required. You can sign up as a parent volunteer when you sign your child up for the program. It's truly a fun and rewarding experience. Please contact us with any questions about volunteer opportunities.

**Deadline for Fall Registration: Friday, August 13, 2010**

Please complete the attached registration form and mail it, with your check to: Melanie Varady, 43 Carleton Street Newton, MA 02458 no later than Friday, August 13<sup>th</sup>. **Make checks payable to: Garden City Kindergarten Soccer.** After August 13<sup>th</sup>, late registrants will be accommodated based on space and availability. For questions, contact Deb Rooney at 617-630-8520 or Melanie Varady at 617-244-5773 or email us at [gardencitysoccer@gmail.com](mailto:gardencitysoccer@gmail.com). Upon receipt of registration, a confirmation will be emailed to you. Please make sure you have a valid email address on file which you check regularly. Throughout the season, GCKS will send notices, updates and correspondence to parents via email.

**GCKS PLAYER REGISTRATION FORM**  
Fall Session: September 11 to November 13, 2010

**PLEASE CIRCLE ONE:**    **K Soccer League 9:30am-10:30am**    **OR**    **Pre-K Soccer League 10:45am-11:45am**

Child's Name: \_\_\_\_\_ Gender: M/F    Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Preschool/School: \_\_\_\_\_ Teacher: \_\_\_\_\_

What is your neighborhood elementary school? \_\_\_\_\_

Would you like to request other children as teammates? Is so, write their name(s) below:

1. Child's name: \_\_\_\_\_ 2. Child's name: \_\_\_\_\_

**COACHING OPPORTUNITIES**

Name of Volunteer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Head Coach                       Assistant Coach                       I cannot volunteer

**REGISTRATION FEE**

Registration Fee: \$60.00 per child (In case of multiple children, please complete one registration form per child)

**Make checks payable to: Garden City Kindergarten Soccer**                      Total Enclosed: \$ \_\_\_\_\_

**Mail to: Melanie Varady, 43 Carleton Street Newton MA 02458**

**CONSENT AND RELEASE OF LIABILITY**

RELEASE: I, the parent/guardian of \_\_\_\_\_, a minor, do hereby consent to his/her participation in the Garden City Kindergarten Soccer Program run by a joint venture of Lincoln-Eliot and Franklin School's Parent Teacher Organization (the "Program") including but not limited to soccer activities, indoor/outdoor play, practices, games, clinics and matches offered by the Program. Recognizing the possibility of physical injury associated with soccer and participation in the Program, and in consideration of the Program accepting the above minor for participation in the Program, on behalf of myself and the above minor, I do hereby forever release, acquit, discharge and covenant to hold harmless and indemnify the Garden City Kindergarten Soccer Program run by a joint venture of Lincoln-Eliot and Franklin School's Parent Teacher Organization and the Program and each of their officers, directors, agents, coaches, committees, parent assistants, employees and all their associated personnel, of and from any and all claims, demands, actions, cause of actions, damages, costs, expenses, suits and/or all liability arising out of, or as a result of, the above minor's participation in the Program.

**PARENTAL RESPONSIBILITY:** As parent/legal guardian of the above minor, I understand that the Program is not a drop-off program and that a parent or other caregiver must remain with the child at the proper designated field at all times.

**EMERGENCY MEDICAL CARE:** As parent/legal guardian of the above minor, I hereby give my consent to Garden City Kindergarten Soccer (or any of their agents, employees or associated personnel identified above) to seek, obtain and provide emergency care for the above minor in case of injury that occurs to the above minor while he/she is participating in the Program or any Program-related activity.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_