

SECPTA SOCCER- Fall 2011

Information and Registration Form

Who: Boys and Girls ages 3-5 years old (Must be 3 by start of first game-9/10/11).
Current SECPTA members only

PLEASE NOTE- All SECPTA memberships expire 6/30/11 and must be renewed for the 2011/2012 year.

Where: Solon Recreation Ball Fields (next to tennis courts).

When: SATURDAY mornings for 6 weeks, September 10th – October 22nd @ 9:30 (No game 10/8, Rain date 10/29)

Why: To introduce the game of soccer, learn teamwork, build coach/player relationship, and have fun!

Cost: **\$20.00 per child.** Will cover T-shirts, equipment, and team photo/certificate. The registration fee is non-refundable. If you would like SECPTA to purchase shin guards on your child's behalf, please include an extra **\$8.50** per child. Purchased shin guards will be available at your child's first game.

SECPTA soccer brief rules and guidelines:

- All games are for fun and to introduce children to the game of soccer. Scores will not be kept. Everyone is a winner.
- Practices will be held at the beginning of each game.
- Players will be divided according to age. (3 yr olds will play other 3 yr olds, etc).
- Coaches will rotate players. All children will play at least 2 quarters each game.
- Shin guards are required to play. For everyone's safety, no cleats please.

To register, please return this Registration Form, a 2011-2012 Membership Form (or indicate in the space provided that you are already a member) and a CHECK for the appropriate amount of money, payable to SECPTA. All registrations must be received by noon on FRIDAY AUGUST 26th, 2011 to:

Melisa Vojtko
11835 Mantua Center Road
Mantua, OH 44255

Registration forms and payment will be accepted at all board and regular meetings. If you have any questions please contact Melisa Vojtko at (330) 414-2116 or via e-mail at soccer@solonearlychildhoodpta.com.

REGISTRATION FORM

Please print clearly

Member's Name: _____

Address: _____

Email: _____ Phone: _____

All scheduling/team roster information will be sent via email. If you prefer to receive this information via postal mail, please indicate so here. Postal mail? Y N

Child's Name: _____ Age _____ DOB _____ M F Shin guards? Y N

Child's Name: _____ Age _____ DOB _____ M F Shin guards? Y N

of children _____ x \$20.00= _____ Pairs of shin guards _____ x \$8.50= \$ _____ Total Amount Due = \$ _____

ATTENTION PARENTS: We need your help! SECPTA parent volunteers make soccer happen!

Coach (name) _____ Field set up crew (name) _____

Office use: Date rev'd _____ Check # _____ Amount Pd _____ Rec'd by _____ Membership Verified Y N
