

TC Youth SOCCER League

at the Remington Community Park

2022 Soccer Registration Form

The TC Youth Soccer League is back for the 2022 season! We are very excited to launch this season with several new board members! Participants can now register by completed the form below and returning it by **Monday August 22, 2022**. Registration forms can be found at the Remington IGA, downloaded on our Facebook page, on the Town of Remington website, and will be sent home from school the first full week.

Our season will kick off on **Monday August 22nd, 2022** at the Remington Community Park with an Open Field Play Day from 5:30-7p during registration. This is an informal practice for coaches to gage skill level and interact with players. We will also be accepting final registrations from 5:30-7p. Practices will be held on Mondays and Thursdays with games on Saturdays. Please see the attached schedule for further detail.

- Cost is \$35 for the first child, \$30 for the second, and \$25 for the third with a \$90 (\$100) cap per family. Payment is due at the time of registration. (Please contact the soccer board if you are facing financial hardship and would like to participate.)
- Each participant will receive a team T-shirt and soccer socks with their registration fee. Participants are to provide black shorts, age appropriate shin guards and soccer cleats.
- Age divisions are as follows: 3-4, 5-6, 7-9, 10-12, 13-14. Participants **must be** 3 years of age by August 01, 2022 to participate. Participants will be assigned to a division based on their age as of 8/21/2022. Age groups may be subject to change/combine depending on participation numbers.
- Questions?** Contact Ashley Clark at (219) 208-1963, email at aclark@clarkscuttingedge.com, Kim Sheets at (765) 376-5302, email kcsheets83@gmail.com, or Sara Goodwin (219) 208-2259, email sarafoley2259@gmail.com. You may also reach out to us through our Facebook page, Tri-County Youth Soccer.

Please complete the form below and return with a payment of cash or check made payable to: TC Youth Soccer League. Forms may be returned to a T-C school office, mailed to TC Youth Soccer league, P.O. Box 22, Remington, IN 47977, or dropped off at at Clark's Cutting Edge (16715 S. US HWY 231, Remington).

Participant(s) Name (please print)	Birth Date as of 8/1/22	Age	Gender M or F	T-shirt Size Circle One Each:	Sock Size
1. _____	_____	_____	_____	YS YM YL AS AM AL AXL	Y A
2. _____	_____	_____	_____	YS YM YL AS AM AL AXL	Y A
3. _____	_____	_____	_____	YS YM YL AS AM AL AXL	Y A
4. _____	_____	_____	_____	YS YM YL AS AM AL AXL	Y A

Address: _____ City _____ Zip _____ PH # _____ Is texting OK? Y or N

Parent/Guardian(s): _____ Email: _____

Additional Emergency contact name & number: _____

I am interested in coaching/assisting a coach, *circle* Yes or No; If yes, coach shirt size: _____

I am interested in assisting with the concession stand, *circle* Yes or No

PO BOX 22, REMINGTON, IN 47977 TCYSOCCER@YAHOO.COM

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Due to the ongoing concerns surrounding COVID-19, the TC Youth Soccer Board kindly requests that parents and participants use the same discretion regarding illness and symptoms as recommended by the CDC and Tri-County School Corporation. As parents ourselves, we along with our coaches, understand the need for your child to stay home if they are sick or showing symptoms.

We hereby agree that the Soccer Association for Youth (SAY) its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, coaches, officers or designates of any kind from any claim whatsoever.

I, the parent / legal guardian of the participant(s) listed above, give my permission for him/her/them to participate in the Tri-County Youth Soccer League games and practices. I am aware that the Tri-County Youth Soccer League coaches, board members, sponsors, affiliates and the Remington Community Park are not responsible for any injury that might occur as a result of the involvement of the league. In the event that I cannot be reached in a medical emergency, I give the league permission to seek medical help. Furthermore, I understand that if the participant(s) does not follow league rules, he/she/they may be dismissed from the league without refund.

Signature: Parent/Legal guardian Name: **Date:** **Printed name:** Parent/Legal guardian

Please list any medical conditions/medications on the back of this form that would be helpful for the league and coaches to be aware:

