

# Rockford Community Services

## Register now for Women's Over-30 Summer Soccer!

Rockford Community Services is accepting registrations now for its third season of Women's Over-30 Summer Soccer leagues; see deadlines below. The season runs June 11-Aug. 9; the Experienced League will play Tuesdays/Thursdays, and the Beginners League will play Mondays/Wednesdays, 6:30 and 8:00 p.m., at the North Rockford Middle School field. Maximum limit will be 8 teams per league, so hurry! Call 863-6322 for more information.

### EXPERIENCED LEAGUE

Eight weekly games played Tuesday or Thursday beginning June 12. 15 players minimum, 23 players maximum per roster (at least 50% Rockford residents\*). Players may be added until third game; however, added players must pay fee prior to play.

**TEAM FEE:** \$450 plus player fee \$10 per resident/\$15 per nonresident

**REGISTER NOW! THERE IS STILL ROOM FOR ADDITIONAL TEAM MEMBERS.**

### BEGINNERS LEAGUE

No experience necessary. Six weekly games, played Monday or Wednesday, beginning the week of June 25. Practice begins the week of June 11. You may sign up individually or as a team, space permitting.

**INDIVIDUAL FEE:** \$45 (includes a team t-shirt)

**TEAM FEE:** \$450 plus player fee \$10 per resident/\$15 per nonresident

**REGISTER NOW! THERE IS STILL ROOM FOR ADDITIONAL TEAM MEMBERS.**

### REGISTRATION

You may register three ways:

1. Register in person at Rockford Community Services, 350 N. Main Street, Rockford, MI 49341
2. Register by mail, make your check payable to Rockford Community Services, and mail to the above address.
3. Register by fax, using your credit card.  
Fax # 866-5994.

**Questions? Call 863-6322.**

### T-shirt Size - check one

Adult Small       Adult Med  
 Adult Large       Adult X-Large

### Check one

Beginners League  
 Experienced League

**Date of Birth** \_\_\_\_\_

Do you have soccer experience?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, explain:

Name (One person per form) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip: \_\_\_\_\_

Day Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

INSURANCE RELEASE: I hereby accept full responsibility for any injuries which may occur while I am participating in the Rockford Community Services soccer program. I also consent to the disclosure of my name, address & phone number to the coach and other team members. In case of emergency and I cannot be reached, I give permission to the coach to administer first aid and/or contact EMS if needed.

Signature \_\_\_\_\_

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

Emergency Contact (Please Print) Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

If registering with credit card, please complete:

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_