



2024 YOUTH COED SPRING SOCCER REGISTRATION FORM

Parks Department Phone: 219-365-6236 | Fax: 219-559-2032

parks@stjohnin.com

Get ready for the first ever Spring St. John Youth soccer League! This is a co-ed league starting from Kindergarten to 5th Grade! The league will be divided into divisions; K & 1st grades, 2nd and 3rd grades, and 4th and 5th grades. Games will be played on Saturday mornings beginning April 13th and running until June 1st. Teams will have one weekly practice during the week starting the week of April 1. **Volunteer coaches are needed!!** If you are interested in coaching, please indicate on the form below or call 219-365-6236/email parks@stjohnin.com.

LEAGUE INFORMATION					
Coed Recreation League Division (Please Circle Division Below)			League Dates		League Fee
K- 1 st Grade	2 nd - 3 rd Grade	4 th - 5 th Grade	Start April 1	End June 1	\$75 per player
Will you like to Mangle/Head Coach a team? (Please Circle Choice Below)			Will you Assistant Coach a team? (Please Circle Choice Below)		League Location
Yes	No		Yes	No	Gates Park Soccer Fields

REGISTRATION: PARENT/LEGAL GUARDIAN					
Last Name:		First Name:		Date of Birth:	
Address:			City:		State: Zip:
Home Phone:		Cell Phone:		Work Phone:	
Email Address:					

PARTICIPANT'S NAME						
Last Name	First Name	D.O.B.	T-Shirt Size	School	Grade	Fee
TOTAL						

REQUEST	
Teammate Request:	Coach Request:

***PLEASE NOTE REQUESTS ARE NOT GUARENTEED**

WAIVER AND RELEASE OF CLAIMS: I, the undersigned participant, or parent or guardian of a participating minor child, acknowledge the risk of personal injury, death, damage and loss associated with participation in any and all activities associated with the above program(s). I assume the full risk of personal injury, death, damage and loss associated with participation in any and all activities associated with this program(s). In consideration of the permission to participate granted to me or my child or ward, I hereby release the Town of St. John, Lake County, Indiana, the Town of St. John Park & Recreation Department, and their respective officers, agents, and employees, (collectively "St. John") from any and all actions, causes of action, damages or claims which I, my heirs, executors, administrators, or assigns, or my child's/ward's heirs, executors, administrators, or assigns, may have against St. John for any personal injuries, death, damage, or loss resulting from, or in any way associated with, participation in this program(s). I, the undersigned participant, or parent or guardian of a participating minor child, have read this waiver and release and fully understand the terms of same and the details of the program(s). I execute this waiver and release with the full knowledge of its terms and significance.

Signature: _____ Date: _____
 (Parent/Guardian for participants under 18)

OFFICE USE ONLY

Cash: _____ Check #: _____ EFT: _____ CC: _____
 Receipt #: _____ Staff: _____ Date: _____