

Buffalo Parks & Recreation

2010 Youth Fall Soccer

4 years old thru 12th grade

\$20 Registration Fee

Name _____ Age _____ Grade _____ Male ___ Female ___

Parents Name _____ Phone _____ or _____

Address _____

T-shirt size (circle one) Youth Sm Youth Med Youth Lg Adult Sm Adult Md Adult Lg Adult XL

Games will be held on Saturdays starting September 18. Each team will play Five games.

REGISTRATION DEADLINE IS August 25. Applications received after August 25 will have a \$5.00 late charge. Due to shirt order deadline, no applications will be accepted after August 27.

Please make checks payable to: City of Buffalo

Registration forms can be mailed to P O Box 410 or brought to City Hall at 102 N. Poplar Street

Additional forms are available at City Hall or online at www.buffalomissouri.us . If you would like to be notified of upcoming registration of sport leagues via e-mail please print e-mail address below.

E-mail: _____

If you would be willing to Coach or Assistant please check the appropriate box below and add your shirt size.

Coach _____ or Assistant Coach _____

Shirt Size _____

I hereby give permission for the minor child named in this application to participate in the Buffalo Soccer program. In giving this permission, I understand that participation in any athletic activity, including that named herein, involve a risk of injury, which could be minor or extremely serious. I further understand that this activity may require strenuous exercise. Occasionally, strenuous exercise may result in serious illness from heat, stroke, congenital conditions, or other causes. With full knowledge of these risks, I request that the City of Buffalo, permit the child named herein to participate in the program herein identified. If such permission is granted, I agree to, and do so hereby release and discharge the City of Buffalo, its officers, agents, employees, and volunteers, from any and all liability of any illness as a result of his/her participation in this athletic activity, including practices or competitive events. I further assume all obligation to assure that the child/ward named herein has no physical condition which would or might increase his/her risks of injury or illness; and represent to the City of Buffalo that, to the best of my knowledge, information and belief, the child suffers from no such condition. In the event I should later determine that the child has or might have a condition which increases his/her risk of injury or illness, I agree to immediately notify the City Parks Director, and will determine from appropriate medical practitioners whether the child should be withdrawn from the program for his/her own safety. Pending such determination, I authorize the Park Director to withhold permission for the child's further participation in the program, if the Park Director determines that such course of action is appropriate under the conditions.

Signature of Parent/Guardian _____

Date _____

If you or anyone you know is interested in sponsoring a soccer team, please contact Bobbie Heard at City Hall 345-2701. Coaches will be picking teams so there is no guarantee that your child will be placed on a requested team or with a requested coach.

Tear here

New! We will have a skills assessment for each division on Saturday, August 28.

Please make sure your child attends the skills assessment for his or her division.

4 yr olds thru Kindergarten-
4th thru 6th grade -

10:00 am
12:00 pm

1st thru 3rd Grade - 11:00 am
7th thru 12th Grade - 1:00pm