

Kent Athletic & Wellness Center Co-ed Youth Indoor Soccer League

****Registration****
September 23rd—November 4th

Scrimmages
Saturday and Sunday
Dec. 17th & Dec. 18th

Games Begin
Saturday and Sunday
Jan. 7th & Jan. 8th



Age Groups
5-6 7-8 9-10

Practices Begin
November 19th
(to be scheduled by
the coach)

Participants may enter individually or as part of a team. Those registering without a team will be placed on teams. Each team consists of approximately 8-10 players; at least 3 of them should be females due to the rule that games are to be played with at least 1 girl on the court at all times. Format is 5 on 5 for ages 5-6; 4 on 4 for ages 7-8 and 9-10. Kent Athletic will not place a child on an existing team with an existing coach, without the permission of that coach.

Cost: \$60.00

\$65.00 after Nov. 4th

\$5.00 off second child

no fee for coaches' kids(1 coach per team)

Registration form available online

For more information please call:
Kent Athletic and Wellness Center
800 High Street Chestertown, MD 21620
410-778-3148 www.kentathletic.com

Registration

Name: _____ Male _____ Female _____

Parent's Name: _____

Address: _____ City/State: _____

Phone (H): _____ (W): _____

E-mail: _____ Birthdate: ____/____/____

Age Group: 5-6 7-8 9-10 # of year's experience: _____

Shirt Size: **Youth-** S M L **Adult:** S M L XL

Special requests for team placement (school they attend, a friend's name, etc.):
****there are no guarantees for requests****

Release: I agree to hold harmless Kent Athletic and Wellness Center from any/all claims or liabilities which may arise from my children's participation.

Parent's signature: _____ Date: _____

Coaches Section: to be filled by the coach only!!

(we will not accept registrations with a coaches name
without that coaches signature)

Coaches Name: _____

Coaches Signature: _____

- - - - Office Use- - - -

Date paid: _____ Amount paid: _____ Staff's initials: _____