

Pioneer Soccer Club

2012 Spring Registration is now underway. The Pioneer Soccer Club is for boys and girls ages 4 and up. Your child must be at least 4 before August 1, 2010 to play. Practices will start the end of March and games in April. Each player will receive a team shirt and end of season award.

Registration fee: \$35.00/each ~ \$60.00/2 players ~ \$80.00/3 or more

DEADLINE: *February 4th* ~ late fee of **\$10.00 per child** we be added after that

Make checks payable to Pioneer Soccer Club. **Registration forms must be returned by February 4th to avoid late fee.**

Age groups U10 and up will again be playing on Saturdays and/or Sundays and traveling to other local schools to play as in the past.

Turn form and registration fee in to the Pioneer Elementary school office or mail form and registration fee to: Pioneer Soccer Club
3092 W Delaware Rd.
Logansport, IN 46947

Special requests by players, coaches, or parents for specific teams are NOT guaranteed. All age groups are drafted by caches and or board members.

SHIN GUARDS AND SOCCER SOCKS ARE A UNIFORM REQUIREMENT AT PRACTICES AND GAMES. Socks must be on the outside, covering the shin guards. Cleats are preferred by most players but are not required. If worn, they can not have a toe cleat. If you have any questions ask your coach.

If you have questions please call one of the board members listed below:

Tammy Bice 722-6296

Tom Ulrich 753-8309

Kenny Wheeldon 643-4041

Kelly Simms 643-3000

Mike Englert 722-6740

Registration form & waiver on reverse side must be signed before your child can play!

~ 2011 Spring Registration ~

\$35.00/each - \$60.00/2 players - \$80.00/3 or more

Name _____ Sex _____ Age _____ Birth Date _____

Address _____ City/St _____ Zip _____

Phone # _____ School _____ Grade _____

SHIRT SIZE: _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL

Have you ever play organized soccer before? _____ Yes _____ No # of years _____

Father/Guardian _____ Mother/Guardian _____

Phone # (wk) _____ Phone # (wk) _____

(cell) _____ (cell) _____

I can help out with: _____ Coach _____ Asst. _____ Referee
I can help out with: _____ Coach _____ Asst. _____ Referee

PLEASE READ CAREFULLY – RELEASE MUST BE SIGNED

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, asst. coaches or parents of the team members acting in the capacity of activity supervisors and/or vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment, and or care at any hospital. If there is an emergency & I cannot be reached, contact:

Name _____ Phone # _____
(Emergency contact who is herby authorized to act on my behalf)

WAIVER OF LIABILITY AND DISCLAIMER: I, the parent or guardian of the participant, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the program of the Pioneer Soccer Club is primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Pioneer Soccer Club, its employees and other representatives from any claims arising out of or relating to any physical injury that ma result to said individual while participating in a Pioneer Soccer Club sponsored event, including any physical injury by the negligence of any official, referee or coach, while performing his/her duties during practices or games.

Signature of Parent/Guardian _____ Date _____

Mail completed registration form & fee to:
By February 4th, 2011
To avoid late fee.

Pioneer Soccer Club
3092 W Delaware Rd.
Logansport, IN 46947