



CITY OF ARLINGTON YOUTH INDOOR SOCCER Summer 2009



Important League Information

Registration Dates: April 1-30*
Season Start Date: June 13, 2009
Registration Fee: \$65 per player
Facility Card: \$12 per player (valid for one year)
Ages: 3 - 12

Coaches Meeting: Thursday, May 28, 7pm @ MRC
 Mandatory attendance for coaches.

Parents Meeting: Saturday, May 30, 10am @ MRC
 Please do not allow children to attend meetings.

**All Meetings are at Meadowbrook Recreation Center (MRC)
 1400 Dugan, Arlington 76010**

- Age Determination Date is September 1, 2008.
- Games are played at Elzie Odom Recreation Center.
- All Participants must have a valid Facility Card.
- League fee includes eight games, jersey and award.

***Participants registering for the league after
 April 30 are subject to availability and
 will be charged a \$15 late registration fee.**

Indoor Soccer Skill Clinics Ages 5-12

Ball Control (barcode - 111123)

June 6: 9 - 10 am

Players will learn to control the ball with both feet and move about the court comfortably. Focus will be placed on dribbling, receiving and trapping the ball.



Defense and Offense (barcode - 111127)

June 6: 10 - 11 am

Players will focus on defensive techniques such as man-to-man coverage, zone coverage, combination coverage, team passing and receiving. Players will work on attacking, tactics and strategies such as breakaways, penalty/free kicks, rebounds and basic movement of the ball.

Clinic Fees

League Participant: \$15 per clinic
 Non-League Participant: \$25 per clinic

Refund Policy:

**No refunds will be made unless
 leagues are cancelled by the
 Parks and Recreation Department.**

**For additional league information call:
 Elzie Odom Recreation Center (EORC)
 1601 NE Green Oaks Blvd.**

Phone: 817-459-6434 Return fax: 817-459-6448

City of Arlington 2009 Summer Youth Indoor Soccer (Bar Code - 105527)

Please Print

Child's Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ School: _____

Parents' Names: _____ Child's Birthday: _____

E-mail Address: _____

Wanting to Coach? NO YES (If yes, please contact the Athletics Office & plan to attend the coaches meeting).

Please circle age group: 3/4 coed 5/6 coed 7/8 coed 9/10 coed 11/12 coed

I hereby give permission for my child to enter a multi-purpose Recreation Center, unattended by the parent/guardian, and to engage in structured recreation and athletic activities. In the event my child is injured and I cannot be reached to make emergency medical arrangements or circumstances make it impossible for me to be reached, I hereby authorize a Parks and Recreation Department employee to take my child to a physician on call, or to the nearest emergency hospital. I covenant and agree, that for and in consideration of my child's participation in such activities, to indemnify and hold harmless the City of Arlington, its employees, agents, sponsors and volunteers assisting in these activities, from any and all damages, claims or liability of any kind, whatsoever, from any injury or death to my child or damage to property, arising or resulting from my child's participation in these activities. I verify that all information on this form, including my child's date of birth is correct and accurate.

 (Parent/Guardian Signature)

 (Date)

Coach / Team / Players Request: _____