



Town of Greenwich
 Department of Parks & Recreation
 Town Hall – 101 Field Point Road - Greenwich, CT 06836-2540
 Phone: (203) 622-7830 - Fax: (203) 622-6494

Scroll down for application



2009 Fall Soccer

ACTIVITY NUMBER: 30301

DESCRIPTION: Sections A1 – A5 will focus on the fundamentals of soccer, which will include passing, dribbling, trapping, and shooting. This will be accomplished through practice and games. A6 will consist of 30 minutes of technical training and one hour of scrimmaging.

REGISTRATION DATES: Begins July 27th
 Anyone registering after Sept. 14th **WILL NOT** be able to participate until the Sept. 26th session

AGES: For Greenwich boys and girls 3 years old through 11 years old. **Proof of age is required for all children new to the program (exempt if child participated in 2009 Mighty Mites Spring Soccer).**

SESSIONS: Saturdays – September 12th through November 7th Does not meet September 19 Roshashana
 Rain date Saturday, November 14th – **Weather cancellation line 618-7650**

SECTION NUMBER	PLAYERS	AGE AS OF 8/1/09	TIMES	LIMIT	LOCATION
A1	Coed	3 years	9:00 am – 9:45 am	112	Havemeyer
A2	Coed	4 years	9:45 am – 10:30 am	112	Havemeyer
A3	Coed	5 & 6 years	10:30 am – 11:30 am	112	Havemeyer
A4	Coed	6 & 7 years	11:30 am – 12:30 pm	112	Havemeyer
A5	Coed	7 & 8 years	12:30 pm – 1:30 pm	112	Havemeyer
*A6	Coed	9 -11 years	9:00 am – 10:30 am	48	Loughlin Ave

*Eastern Soccer Academy Coaches will include Jon Bradley, Darien Girls Varsity, Danny Simpson, GHS Girls Varsity, Kirk Bamford, New Cannan Girls Varsity and various other high level professional coaches.

LOCATIONS: Upper and Lower Havemeyer Fields (behind Town Hall) and Loughlin Avenue Field (off Strickland Road) in Cos Cob.

DIRECTOR: Brad Wallace at Havemeyer Field. Jon Bradley at Loughlin Avenue

COACHES: An informal coach's clinic for new coaches is scheduled for Tuesday, September 8th at 6:00pm in the Town Hall Meeting Room on the first floor. Coach's shirts and whistles will be handed out at that time. Team jerseys will be handed out 30 minutes prior to your first session at the field.

Background checks are required from volunteers who did not coach in '08 or '09.

FEES: SECTIONS A1 – A6 \$62.00 payable to "Town of Greenwich" **NO REFUNDS**
 SECTIONS A1 – A5 \$44.00 payable to "Greenwich Junior Soccer" **NO REFUNDS**
 SECTIONS A6 \$75.00 payable to "Eastern Soccer Academy" **NO REFUNDS**

There will be a \$25.00 fee for any returned checks.

Requests for letters of credit must be made in writing prior to the start of the program

COMMENTS:

- Players **MUST** wear shin guards.
- Players must provide their own soccer ball – size 3 for A1 & A2, size 4 for all other sections.
- Shorts, warm-ups, sneakers or soccer cleats.
- Players should bring a water bottle to the field.
- Mail completed application with full payment to:

Fall Soccer
 Department of Parks and Recreation
 P.O. Box 2540
 Greenwich CT 06836-2540



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 Phone: (203) 622-7830- Fax: (203) 622-6494
 Activity #30301

2009 Fall Soccer Registration Form

_____ Male _____ Female _____
 Name _____ Date of Birth _____ Age (on 8/1/09) _____

_____ City _____ State _____ Zip _____
 Street Address _____

_____ Home Phone _____ Grade _____ School _____ Email _____

PROOF OF AGE IS REQUIRED FOR ALL CHILDREN NEW TO THE PROGRAM

*****Requests to play with friends will not be honored*****

SECTION # _____

TWO SEPARATE CHECKS PER PARTICIPANT:

A1 – A6	\$62.00 TO “TOWN OF GREENWICH”	ENCLOSED: _____
A1 – A5	\$44.00 TO “GREENWICH JUNIOR SOCCER”	ENCLOSED: _____
A6	\$75.00 TO “EASTERN SOCCER ACADEMY”	ENCLOSED: _____

*****SOCCER ABILITY***: Novice _____ Experienced _____ Advanced _____**

Are there any physical limitations, allergies, or physical conditions the coach should be aware of?

YES NO If yes, explain _____

VOLUNTEERS are an essential part of our youth sports programs. Without them there is a chance your child may not be able to participate.

_____ I am interested in being a Head Coach/ I would like to Coach with _____

_____ I am interested in being an Assistant Coach

Name _____ Work Phone _____

E-Mail _____ Cell Phone _____

I, the parent/legal guardian of the above named child, do hereby give approval for his/her participation in any and all activities of the Fall Soccer Program. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I understand that every sports activity has inherent risk to even healthy participants, and I assume liability for any and all undetected physical conditions that may place my son/daughter at risk as a participant. I further certify my son/daughter to be in good physical condition with no known factors that would preclude vigorous physical activity and hereby consent to his/her participation.

 Signature of Parent/Guardian