

# HARRISON PARKS AND RECREATION

## LITTLE KICKS SOCCER REGISTRATION

**League Fees:** \$40.00 per child

**League Information:** Recreational League will be coed and 3v3 for 3, 4, 5 year olds, and gender split 4+goalie, for 6, 7, 8s.

**Games and Practices:** League fee guarantees 2 practices and 6 games.

**Age Cut off:** All players must be between three to eight years old by Jan 1, 2012.

**Game Locations:** All practices and games will be played at the First National Bank Soccer Complex.  
Games to start the week of March 12.

**RAIN OUT HOTLINE NUMBER**

**870 365-1842**

**THIS FORM MUST BE TURNED IN AT THE YOUTH CENTER WITH  
REGISTRATION FEE BY FEBRUARY 17, 2012 TO GURANTEE TEAMS.**

**PLAYER NAME:** \_\_\_\_\_

**GIRL:** \_\_\_\_ **BOY:** \_\_\_\_

**PLAYER'S BIRTHDATE:** \_\_/\_\_/\_\_\_\_

**NUMBER OF YEARS PLAYED:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **Primary Ph#** \_\_\_\_\_ **Alt Ph#** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **Primary Ph #** \_\_\_\_\_ **Alt Ph#** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**\*\*BY SIGNING THIS FORM, I RELIEVE HARRISON PARKS AND RECREATION DEPARTMENT OF ALL RESPONSIBILITY IN THE EVENT I OR MY CHILD ARE INJURED WHILE AT A PARKS FACILITY, PRACTICE OR GAME.**

**GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I WOULD LIKE TO COACH**

**YES**                      **NO**

**I WOULD LIKE TO HELP COACH**

**YES**                      **NO**

**I WOULD LIKE TO SPONSOR A TEAM FOR \$75.00**

**YES**                      **NO**

**ACCOUNTING USE ONLY**

\_\_\_\_\_ **REGISTRATION FEE (\$40.00)**

**Ck#** \_\_\_\_\_ **Cash** \_\_\_\_\_

**Date** \_\_\_\_\_ **Initials** \_\_\_\_\_

**PLEASE RETURN TO:**

**HARRISON PARKS AND RECREATION  
P.O. BOX 1715 HARRISON AR 72602**