

# 3<sup>rd</sup>-5<sup>th</sup> Grade Co-Ed Soccer League

Coach: Jeremy Horn cell: 815-218-3407

email:jhorn2380@gmail.com

- NO PLAYING EXPERIENCE NEEDED!
- Practice: Tuesdays and Wednesdays -4:30-5:30pm beginning August 29<sup>th</sup>.
- Practices will be located at Rockford Lutheran Academy.
- **Games will be played on Thursdays at Rockford Lutheran High School.**
- Game times will be 4:00pm or 5:00pm.
- First Game will be Thursday, September 7<sup>th</sup>. League runs through October 26<sup>th</sup>.
- Your player will need a pair of soccer cleats, a pair of shin guards, appropriate practice attire. Please send a water bottle to practice and games labeled with your child's name.

**Please Note: A t-shirt will be provided for all participating players. Players will need to purchase a pair of BLACK SHORTS and BLACK soccer socks.**

- \$85.00 fee is due by Wednesday, AUGUST 23<sup>rd</sup>! There will be a Parent/Team meeting on Wednesday, August 23<sup>rd</sup> at 5:00 in the RLA Library. PLEASE HOLD REGISTRATION FORM AND FEE UNTIL THE MEETING.
- Games will consist of 2-20 minute halves with a 5-minute half time. No overtime.
- Games will be played with a 9 vs. 9 format.

Any questions, contact Coach Horn.

Want to stay updated? See instructions on the back of this page to sign up for Remind.

League questions may be directed to Dyan Lofgren, 815-601-6909 or [soccerkids13@gmail.com](mailto:soccerkids13@gmail.com)



# Sign up for important updates from J. Horn.

Get information for Rockford Lutheran Academy right on your phone—not on handouts.

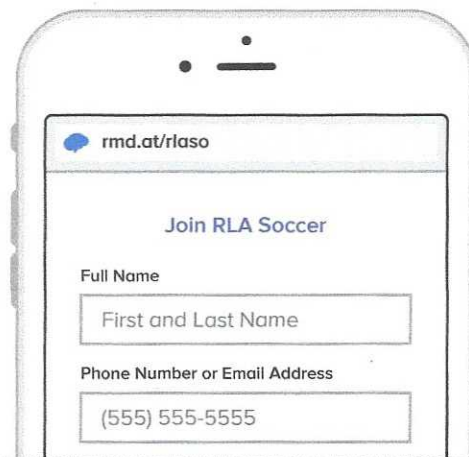
Pick a way to receive messages for RLA Soccer:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/rlaso](http://rmd.at/rlaso)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message @rlaso to the number 81010.

If you're having trouble with 81010, try texting @rlaso to (815) 239-6606.

\* Standard text message rates apply.



Don't have a mobile phone? Go to [rmd.at/rlaso](http://rmd.at/rlaso) on a desktop computer to sign up for email notifications.

**ROCKFORD LUTHERAN YOUTH SOCCER LEAGUE PLAYER REGISTRATION FORM**

**FEE: \$85.00 due by August 23, 2017**  
(Please make checks payable to Rockford Lutheran)

**PLAYER INFORMATION - PLEASE PRINT**

Player Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Shirt Size YS YM YL AS AM AL

**PARENT INFORMATION - PLEASE PRINT**

Adult 1 \_\_\_\_\_ Phone H) \_\_\_\_\_ C) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Email \_\_\_\_\_

Adult 2 \_\_\_\_\_ Phone H) \_\_\_\_\_ C) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Email \_\_\_\_\_

.....  
We understand sometimes transportation is an issue on Thursday, please list any ride arrangement requested below:

\_\_\_\_\_  
(Please understand we will make every attempt to place the players on the same team, we just ask this is because of transportation need not because your child wants to play with their friends.)

Are you willing to transport other players to Rockford Lutheran HS? \_\_\_\_\_ If yes, please indicate the number you can transport: \_\_\_\_\_

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**IMPORTANT: PLEASE READ AND SIGN BOTH LEGAL STATEMENTS BELOW**

I, the parent or legal guardian of \_\_\_\_\_ hereby authorize the staff of Rockford Lutheran School (RLS) to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the employees and Rockford Lutheran School from any and all liability for injuries or illnesses incurred. I have no knowledge of any physical impairment that would be affected by the athlete's participation in the program. I further understand the school has the right to use photographs taken during the event for future publicity and marketing purposes. Any medical expenses resulting from illnesses or injuries, emergency or non-emergency, will be the sole responsibility of the athlete's parents/guardians.

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

I, the parent or legal guardian of \_\_\_\_\_ hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Special information for allergies or medication: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ (Must be signed before child can participate)

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