Northwest Soccer Club – Fall 2010 Registration Information

Teams are formed by the player's date of birth according to the chart below:

AGE GROUP	BIRTHDATES FROM	TO		AGE GROUP	BIRTHDATES FROM	TO
U6	8/1/04	7/31/06		U14	8/1/96	7/31/98
U8	8/1/02	7/31/04		U16	8/1/94	7/31/96
U10	8/1/00	7/31/02		U18/up	8/1/91	7/31/94
U12	8/1/98	7/31/00				

	Before 06/*10/10*	**After 06/10/10**
Registration Fee:	$60	$80**
Registration w/non volunteer	$80	$100**

A donation of $20 is expected if you are unable to Parent Volunteer

** - Includes $20 late fee

Registration Information

Registration will be Saturday June 5th from 11-3 at Merle Hay Mall
Mail registrations to Marte Carlson 3916 Bel Aire Rd, Des Moines IA 50310
Email:marte.nwsoccer@gmail.com or phone number: 515-284-5580
Online Registration available at www.nwsoccerclub.org *there is a fee*

Uniform Information

U6 players will be issued a t-shirt.

U8 and above will need a uniform set that consists of 2 jerseys, 1 pair of shorts and 2 pairs of socks. The cost of the set is $28 and they can be purchased from ***Soccer Connections*** at 312 Grand Ave in West Des Moines. Their phone number is 279-6927. Purchase/order uniforms by August 1, 2010 to ensure availability.

General Information

- New players **MUST** provide a copy of their **Birth Certificate** at registration time.
- Players who register after 06/10/2010 will not be guaranteed a place on a team.
- Spots on existing teams will not be guaranteed for returning players who register after 06/10/2010.
- Dishonored checks will be assessed a $7.00 surcharge.
- **No refunds** will be given unless the club is unable to place a player on a team.
- Shin guards are mandatory playing equipment.
- Ball sizes: U6/U8 -> Size 3 U10/U12 -> Size 4 U14 and above -> Size 5.
- Cleats are optional at U6.
- Limited Scholarships are available. To be considered for a scholarship applications MUST be complete in full and turned in with the registration form before June 10, 2010
- *Season play begins late August till November. Coaches will call players with times and dates of practice and game schedules.*

*****PLEASE print clear on the registration so we can get the most accurate information entered and avoid any delays******

*** This is not a Des Moines Public Schools publication and is being provided as a courtesy to inform you of other activities and opportunities available***

^^^^^^^^ *KEEP LEFT HALF OF THIS FORM FOR YOUR INFORMATION* ^^^^^^^^

Northwest Soccer Club –Fall 2010 Registration

Player's Name: _____

Sex: M ___ F ___ Birthdate: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Age as of August 1, 2010: [ ] School: _____

Mother's Information:

Name: _____ Mothers Birthdate: _____

Address (if not same as above):_____

Home Phone: _____ Cell Phone: _____

Most used E-Mail Address: _____

Father's Information:

Name: _____

Address (if not same as above): _____

Home Phone: _____ Cell Phone: _____

Most used E-mail Address: _____

Has player previously played with Northwest Soccer?: Yes ___ No ___**
****MUST HAVE BIRTH CERTIFICATE WITH REGISTRATION FORM****
Northwest Coach's name: _____

I hereby consent for my child to participate in and abide by all rules of Northwest Soccer Club and the Greater Des Moines Junior Soccer League. As parents or guardians of the above child, we acknowledge that there is risk of injury with all recreation, and in consideration of said child being allowed to participate in the Northwest Soccer Club, we assume all risk of injury to the child and hereby agree to indemnify and hold harmless the Northwest Soccer Club and the agents and employees from any claims, demands or liability arising from said child's participation in the Northwest Soccer Club.

Parent/
Guardian Signature _____ Date: _____

NORTHWEST SOCCEREXISTS DUE TO THE COMMITMENT OF PARENTS LIKE **YOU**. IN ORDER TO ENSURE THAT THE CLUB CONTINUES TO MAKE SOCCER AVAILABLE, PLEASE CIRCLE THE AREAS IN WHICH YOU CAN HELP:

COACH ASSISTANT COACH REFEREE **
BOARD REP SOCCER FEST TEAM MANAGER

Parent: _____ Phone: _____

If coaching **U6** please indicate T-Shirt size: _____
****Must be certified for U12 and up**

Mail Forms to: Marte Carlson, 3916 Bel Aire, Des Moines, IA 50310

Fee: _____ Late Fee: _____ Check #: _____ BC: _____ Donation: _____
Date Rcvd: _____