

**GILLAM-GRANT COMMUNITY CENTER SUMMER RECREATION**  
**2010 Lil' Kickers SOCCER**

**Tuesday & Thursdays ☉ May 18-June 24 ☉ 6:00 - 7:00 pm**

**What is Lil' Kickers?** This program is for 3 and 4 year old children that are too young to play in the youth recreation league. In this six week program, the Lil' Kickers will be playing on Tuesday and Thursday evenings from 6:00-7:00pm. Play begins May 18th and ends June 24th. Registrations are due March 5th. This is a great opportunity for the Lil' ones to get some exercise and begin to learn the fun sport of soccer!

**AGE REQUIREMENTS:** Appropriate for children that have turned 3 yrs of age by 4/1/10 and will not turn 5 yrs of age before 9/1/10.

**Children will meet on May 18th on the small fields behind the BBCS Bus Garage.  
Please keep the top portion of this form as your reminder!**

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**GILLAM-GRANT COMMUNITY CENTER**

PLAYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (Team related info will be sent via e-mail)

**FEES FOR PROGRAM:** Discounts are given to Gillam-Grant Community Center Members. M = MEMBER NM= Non-Member. Family memberships are \$30 a year. Memberships are good for one year from the date of purchase. If you would like membership information, call the Center.

**Cash, Check, Visa and MasterCard accepted.  
MAKE CHECKS PAYABLE TO:  
GILLAM-GRANT COMMUNITY CENTER**

Program Fee: \$30 M / \$35 NM

SHIRT SIZE:

Youth \_\_\_\_\_ Small (5/6) \_\_\_\_\_ M (7/8)  
\_\_\_\_\_ Large (10/12) \_\_\_\_\_ X-Large (14)

- YES, I WOULD LIKE TO BE A COACH.  
 YES, I WOULD LIKE TO BE A PARENT VOLUNTEER

**REGISTRATIONS DUE  
March 5th**

**PLEASE COMPLETE BACK  
SIDE OF FORM!**

**Lil' Kickers SOCCER**

Registration can be mailed or dropped off at GGCC, 6966 West Bergen Rd., Bergen, NY 14416

Parents,  
If you are interested in volunteering to  
coach or provide "sideline"  
supervision, please mark the  
volunteer box on the front page of  
this form!



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### PARENTAL/ GUARDIAN CONSENT FORM

Health Insurance Co. Name \_\_\_\_\_ Policy No. \_\_\_\_\_

Alternate person to notify in case of emergency: \_\_\_\_\_ Phone \_\_\_\_\_

**ATTACH COPY OF BIRTH CERTIFICATE FOR ALL PLAYERS.**

The player named on the reverse side of this form has permission to participate in the activities of the Gillam-Grant Soccer Program (GGCC). Although the activities of GGCC will be supervised, in general, by adults, it is agreed and understood that neither GGCC nor any individuals associated therewith will suffer any liability for injuries or damages sustained by myself or the named player arising out of such activities sponsored by GGCC; and, the undersigned shall keep, save, and hold harmless GGCC, and such individuals supervising, aiding and otherwise associated with GGCC's activities from all damages and liabilities for anything, including but not limited to personal injuries, and everything whatever, whether or not caused by fault or negligence, arising from, or out of, such players' participating in games, practices, and other activities of GGCC soccer program.

Fees are due at the time of registration. A \$40.00 return check fee applies. Registration fees will only be reimbursed to those with a physician's medical excuse prior to the ordering of uniforms. Should a division not have enough registrants, fees will be refunded.

One-on-one assistance is not provided in the GGCC youth recreation leagues. All registrants must be able to participate independently. GGCC reserves the right to evaluate player's performance and behavior. GGCC reserves the right to remove players from league participation in the interest of safety for all participants.

**Parent or Guardian Signature (REQUIRED)** **X** \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT** As the parent or legal guardian of the player named on the reverse side of this form, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

**Parent or Guardian Signature (OPTIONAL)** \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICAL WAIVER** I certify that the player named on the reverse side of this form, has had a physical examination in the last 12 months and is physically fit to compete in all activities related to the sport of soccer.

**Parent or Guardian Signature (REQUIRED)** **X** \_\_\_\_\_ Date \_\_\_\_\_

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