

Portland Recreation Department  
DK-3<sup>rd</sup> Grade Soccer Registration  
Fall 2011 / Spring 2012



**What:** Portland Recreation Soccer Leagues

**Who:** Boys & Girls DK-3<sup>rd</sup> Grade (Fall 2011)

**When:** Games begin week of September 12<sup>th</sup>

**Where:** Games and practices will be held at  
Westwood Elementary School & Mt. Hope Church

**Registration Deadline:** Please return all signed  
registration forms with payment to Portland City Hall  
(259 Kent Street) by Wednesday August 3, 2011.

**Cost:** \$30 – August 3, 2011 or before  
\$35 – **AFTER** August 3, 2011

- Volunteer coaches **NEEDED**  
If you are interested please  
indicate below
- **(NEW)** Coach Clinic led by  
Portland High Coach  
John Marcum
- Mt. Hope Church  
845 Ionia Rd., Portland
- Westwood Elementary  
883 Cross St., Portland

**\*Cost includes the Fall 2011 & Spring 2012 seasons (6 games each) & team shirt**

If you have questions about this program please contact Neil at 517.647.3207

DK-3<sup>rd</sup> Grade Soccer Registration  
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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade(Fall '11): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Shirt Size(circle one): Yth – S M L XL

I live in the City (circle on): Yes or No If no, I live in the township of: \_\_\_\_\_

Email \_\_\_\_\_

I want to coach: Yes or No If yes, name: \_\_\_\_\_ Coach shirt size \_\_\_\_\_

**NEW!** Our coaches meeting will now include a coaching clinic led by Portland High coach John Marcum

-Divisions **(Circle One)**: Division 1: DK & K Division 2: 1<sup>st</sup> grade Division 3: 2<sup>nd</sup> & 3<sup>rd</sup>

-Amount enclosed (Check One): \_\_\_\$30 –August 3 or before

\_\_\_\$35 –**AFTER** August 3

I hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the City of Portland, their respective agents or any facility used for this recreational program, for any and all injuries which may be suffered by my dependents in connection with my participation in said program. I further represent that I carry medical-hospital insurance and I understand that the City does not provide such insurance coverage for me. Photographs & videos may be taken at certain Parks and Recreation Department activities and unless The Parks and Recreation office receives written signed obligation, photos may be reproduced in department publications.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Please print your name: \_\_\_\_\_