

**Soccer South Soccer Club – Spring 2010 Registration Information**

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

AGE GROUP	BIRTHDATES			AGE GROUP	BIRTHDATES	
	FROM	TO			FROM	TO
U6	8/1/03	7/31/05		U14	8/1/95	7/31/97
U8	8/1/01	7/31/03		U16	8/1/93	7/31/95
U10	8/1/99	7/31/01		U19	8/1/90	7/31/93
U12	8/1/97	7/31/99				

**Fee Schedule**

	<b>Before 2/5/10</b>	<b>After 2/5/10</b>
U6*	\$60*	\$75**
U8 & Up - 1st child	\$70	\$85**
U8 & Up - 2nd child	\$65	\$80**
U8 & Up - all others	\$60	\$75**

- \* - Multiple child discount does not apply to any U6 player
- \*\* - Includes \$15 late fee

**Registration Information**

Registration will be January 16<sup>th</sup> & 17<sup>th</sup> @ South Suburban YMCA

Online Registration available at [www.soccersouthdsm.org](http://www.soccersouthdsm.org)

**Uniform Information**

A Soccer South uniform set consists of 2 jerseys, 1 pair of shorts and 2 pairs of socks. The cost of the set is \$30 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 March 1,2010 to ensure availability.

**General Information**

- New players **MUST** provide a copy of their **Birth Certificate** at registration time.
- Players who register after 2/5/10 will not be guaranteed a place on a team.
- Spots on existing teams will not be guaranteed for returning players who register after 2/5/10.
- 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, but no toe cleats are allowed.
- Coed teams in U6, U8 & U10\* will play their games on Sundays between 1:00 PM & 5:00 PM at the Soccer South Complex. All other teams will play their games on Saturdays or Sundays and will have to travel to another club's facility for half of their games. **\* U10 coed teams may travel to Soccer West/Carlisle for some games.**
- **The only requests that will be accepted are requests to be removed from a team or requests for siblings to play together or apart.**

**Soccer South Soccer Club –Spring 2010 Registration**

Player's Name: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Age as of August 1, 2009:**  School: \_\_\_\_\_

Mother's Information:

Name: \_\_\_\_\_ Mothers Birthdate \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Father's Information:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Most frequently used E-mail Address: \_\_\_\_\_

Has player previously played with Soccer South?: Yes \_\_\_ No \_\_\_

If yes, indicate most recent season?: Fall 2009 \_\_\_ Spring 2009 \_\_\_ Other \_\_\_

If yes, indicate player's most recent coach?: \_\_\_\_\_

Player's preference: Coed \_\_\_ All Girl\* (U10 & up) \_\_\_

\* - If an all girl team is unavailable, the player will be placed on a coed team

Soccer South will be fielding U9 Academy & Competitive teams at the U11/12/13 age groups in the Fall 2009 season. If your child is trying out for **any** select team or wants to play in the U9 Academy please check the box below. If your child earns a spot on a select team, you must notify the Soccer South Registrar by **July 1,2009** to guarantee a refund.

U9/U10 Academy  Competitive

**I hereby consent for my child to participate in and abide by all rules of Soccer South 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 Soccer South Soccer Club, we assume all risk of injury to the child and hereby agree to indemnify and hold harmless the Soccer South Soccer Club and the agents and employees from any claims, demands or liability arising from said child's participation in the Soccer South Soccer Club.**

Parent/  
Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

SOCCKER SOUTH EXISTS DUE TO THE COMMITMENT OF PARENTS LIKE **YOU**. IN ORDER TO ENSURE THAT THE CLUB CONTINUES TO MAKE SOCCER AVAILABLE TO SOUTHSIDE KIDS, PLEASE CIRCLE THE AREAS IN WHICH YOU CAN HELP:

**COACH ASSISTANT COACH REFEREE**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mail to: Teresa Rush 3111 Summit Vista Dr. DSM,IA. 50321 285-6795**

Fee: \_\_\_\_\_ Late Fee: \_\_\_\_\_ Check #: \_\_\_\_\_ BC: \_\_\_\_\_ Date Recvd: \_\_\_\_\_

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