

Independence Township Parks, Recreation & Seniors

Youth Sports Registration Form

6483 Waldon Center Dr, Clarkston, MI 48346 * www.itprs.org

Phone: (248) 625-8223 * Fax: (248) 620-7454



Last Name _____ First Name _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____ Secondary _____ Male Female

Email Address _____ Grade _____ School _____

SPRING SOCCER 2017

- | | | | |
|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Co-Rec Kiddy Kicker 4 years old | <input type="checkbox"/> Junior Kicker 6 | <input type="checkbox"/> Boys U12 | <input type="checkbox"/> Boys U19 |
| <input type="checkbox"/> Co-Rec Kiddy Kicker 5 years old | <input type="checkbox"/> Junior Kicker 7 | <input type="checkbox"/> Girls U12 | <input type="checkbox"/> Girls U19 |
| <input type="checkbox"/> FREE Soccer Fun Day- April 14
<i>Free Clinic is Optional</i> | <input type="checkbox"/> Boys U10 | <input type="checkbox"/> Boys U14 | |
| | <input type="checkbox"/> Girls U10 | <input type="checkbox"/> Girls U14 | |

Birth Year Age Chart

KK4: 2012	U10: 2007/2008
KK5: 2011	U12: 2005/2006
JK6: 2010	U14: 2003/2004
JK7: 2009	U19: 1998-2002

Special Request (Special requests cannot be guaranteed) _____

SUMMER YOUTH BASEBALL AND SOFTBALL 2017

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Little Sluggers (Co-Rec) Ages 3 & 4* | <input type="checkbox"/> Girls 8 & 9 Minor | (Previous Positions) _____ | |
| <input type="checkbox"/> T-Ball (Co-Rec) Ages 5 & 6 | <input type="checkbox"/> Girls 9 & 10 Fastpitch | <input type="checkbox"/> Boys 8 & 9 Minor | |
| <input type="checkbox"/> Coach Pitch 6 (Co-Rec) | <input type="checkbox"/> Girls 11 & 12 Fastpitch | <input type="checkbox"/> Boys 9 & 10 Major | <input type="checkbox"/> Boys 13 & 14 Major |
| <input type="checkbox"/> Coach Pitch 7 (Co-Rec) | <input type="checkbox"/> Girls 13 & 14 Fastpitch | <input type="checkbox"/> Boys 11 & 12 Major | <input type="checkbox"/> Boys 15 - 18 Major |

All Leagues: Shirt Size (Circle One) *CXS (4-5) CS (6-8) CM (10-12) CL (14-16) AS AM AL AXL

Major Leagues Only (9 & Over): Pant Size (Circle One) CM CL CXL AS AM AL AXL

Special Request Non-Draft Only (Special requests cannot be guaranteed) _____

FALL SOCCER 2017

- | | | | |
|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Co-Rec Kiddy Kicker 4 years old | <input type="checkbox"/> Junior Kicker 6 | <input type="checkbox"/> Boys U12 | <input type="checkbox"/> Boys U19 |
| <input type="checkbox"/> Co-Rec Kiddy Kicker 5 years old | <input type="checkbox"/> Junior Kicker 7 | <input type="checkbox"/> Girls U12 | <input type="checkbox"/> Girls U19 |
| <input type="checkbox"/> FREE Soccer Fun Day- Sept 8
<i>Free Clinic is Optional</i> | <input type="checkbox"/> Boys U10 | <input type="checkbox"/> Boys U14 | |
| | <input type="checkbox"/> Girls U10 | <input type="checkbox"/> Girls U14 | |

Birth Year Age Chart

KK4: 2013	U10: 2008/2009
KK5: 2012	U12: 2006/2007
JK6: 2011	U14: 2004/2005
JK7: 2010	U19: 1999-2003

Special Request (Special requests cannot be guaranteed) _____

VOLUNTEER COACHES NEEDED

____ YES, I am interested in learning more about becoming a coach.

Sport(s) Spring Soccer Baseball/Softball Fall Soccer

My name is: _____

Email Address: _____

_____ Head Coach _____ Asst. Coach

Please note, priority is given to returning coaches.
By checking this box you are not signing up to coach, you are simply requesting information to learn more!

Emergency Contact Information

Mother's Name (or guardian): _____

Cell Phone: _____

Fathers' Name (or guardian): _____

Cell Phone: _____

Other: _____ Phone: _____

Medical Conditions & Allergies: _____

If you are mailing, emailing or faxing in this registration form, please call 248-625-8223 to verify that we have received your registration and to provide payment. Please do NOT include payment information on this form.

Registration Dates, Deadlines and Prices!

Register early! All leagues have limited space. Sign up for one or all three seasons at one time.

Too early to commit to the whole year? Sign up for one sport, and simply register over the phone down the road for another!

Soccer



Spring

Independence Twp./
Clk. School District Reg.
Jan. 5th-Jan. 15th

Open Registration
Jan 16th-Feb. 10th

Fall

Independence Twp./
Clk. School District Reg.
Jan. 5th-Jan. 15th

Open Registration
Jan 16th-July 7th

KIDDY KICKER 4 & 5	\$50 res/\$60 non-res	\$50 res/\$60 non-res	\$50 res/\$60 non-res	\$50 res/\$60 non-res
JUNIOR KICKER 6 & 7	\$71 res/\$81 non-res	\$71 res/\$81 non-res	\$71 res/\$81 non-res	\$71 res/\$81 non-res
BOYS & GIRLS U10/U12	\$79 res/\$89 non-res	\$79 res/\$89 non-res	\$79 res/\$89 non-res	\$79 res/\$89 non-res
BOYS & GIRLS U14	\$89 res/\$99 non-res	\$89 res/\$99 non-res	\$89 res/\$99 non-res	\$89 res/\$99 non-res
BOYS & GIRLS U19	\$105 res/\$115 non-res	\$105 res/\$115 non-res	\$105 res/\$115 non-res	\$105 res/\$115 non-res

Youth Baseball & Softball



Independence Twp./
Clk. School District Reg.
Jan. 5-Jan. 15th

Open Registration
Jan. 16th-March 10th

LITTLE SLUGGERS	\$63 res/\$73 for non-res	\$63 res/\$73 for non-res
T-BALL (boys & girls)	\$63 res/\$73 for non-res	\$63 res/\$73 for non-res
COACH PITCH (boys & girls)	\$74 res/\$84 for non-res	\$74 res/\$84 for non-res
GIRLS 8-9 MINOR LEAGUE	\$74 res/\$84 for non-res	\$74 res/\$84 for non-res
BOYS 8-9 MINOR LEAGUE	\$74 res/\$84 for non-res	\$74 res/\$84 for non-res
GIRLS 9-14 FASTPITCH LEAGUES	\$87 res/\$97 for non-res	\$87 res/\$97 for non-res
BOYS 9-18 MAJOR LEAGUES	\$87 res/\$97 for non-res	\$87 res/\$97 for non-res

- IMPORTANT DATES -

Spring Soccer

Open registration ends - 2/10
Review Letter Deadline - 1/27

Baseball/Softball

Open reg. ends - 3/10
Review Letter Deadline - 3/1

Fall Soccer

Open reg. ends - 7/7
Review Letter Deadline - 6/9

Late registration is based on availability. A \$10 late fee will apply.

I verify my child is in good health and that he/she is in good physical condition and able to participate in the activity for which he/she is enrolling and has not been advised otherwise by qualified medical personnel and that all of his/her immunizations are complete and up to date. I take full responsibility for his/her health while participating in programs and activities and acknowledge that the activity sponsored by Independence Township could be injurious and participant accepts his/her risk with full knowledge that some programs require the assistance of volunteers. Further, I expressly grant permission and assume full responsibility for my child's participation in any field trip and/or activity connected with the program registered for. I further agree that in the event of disciplinary action or the health of my child warrants dismissal from the activity, the child will be returned home at my expense. It is further warranted that if this form is signed by one of two parents or guardians, it is with the authority and consent of the other. The undersigned, on behalf of himself or herself, or as parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks, Recreation & Seniors Department of Independence Township and with the respect to any actions taken in pursuance of such activities either before or after the activity. Moreover, it is agreed that the Township of Independence and its several departments, officers, and employees shall not be liable nor responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant, on his or her own behalf, or as parent or guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. I understand that it is my responsibility to notify the Parks, Recreation & Seniors Department of any changes in health which may affect participants participation. In the event of any injury, permission is hereby given to the Parks and Recreation Department, and to the Director of such department to see that first aid and medical attention are given to the participant, at the discretion of the Director of the Department, or his or her agent or employee in connection with the activity in question. The participant represents that he or she is in good physical condition and able to participate in the activity for which he or she is enrolling and the participant shall be responsible for his or her own health and acknowledges that the activity in which the participant is enrolling may be injurious, and participant accepts his or her risk with full knowledge that some athletic programs require the assistance of un-screened volunteer coaches. Photographs may be taken at certain Recreation Department activities, and, unless the department receives signed, written objections, photos may be reproduced for publication.

Signature of Parent of Guardian **X** _____ Date _____

I have received and reviewed the Parent/Youth Athlete Concussion Information and the Parent Code of Conduct form provided by Independence Township.

X _____
Parent/Legal Guardian Signature

Parent/Legal Guardian Name Printed

Date