

# **2020 INDOOR SOCCER** @ Shawnee with Huron High School Coaches & Players!

### - PRE-K AND KINDERGARTEN STUDENTS ONLY

- Pre-K must be at least 4 yrs. old

- First Graders can participate in Saturday League at Woodlands—details at cityofhuron.org)



— TWO SESSIONS: Thursday evenings, 5:30 - 6:15 pm

### BOTH SESSIONS ARE ON THURSDAY EVENINGS 5:30 - 6:15 pm at Shawnee School Gym - <u>NO Soccer if School is Closed / Cancelled</u>

SESSION I: January 9 - Feb. 13, 2020 (NO soccer January 16) Fee: \$40 resident / \$45 non-resident SESSION II: Feb. 27 - March 26, 2020

Fee: \$40 resident / \$45 non-resident

A great opportunity for Pre-K -K Boys and Girls to work with the Huron HS Soccer Coaches and Players to improve skills and HAVE FUN! Participants should wear shin guards and gym shoes; please bring water bottle.



# Limited spaces—sign up early!



at <u>cityofhuron.org</u> (click on Parks & Recreation)

**ONLINE REGISTRATION** 

Or complete paper form (BELOW) and mail with payment to Huron Parks & Recreation, 417 Main St., Huron, OH 44839

Parks & recreations	ndoor Soccer @ S processed on a first-co SESSION I — Thur PK-K (must be at lea SESSION II — Thu PK-K (must be at lea	ome, first-serve bas r <b>sday evenings, Ja</b> st 4 yrs old)- 5:30-6 <b>rsday evenings, F</b>	sis. <b>Space is limi</b> a <b>n. 9 – Feb. 13</b> (15pm ( <b>Fee: \$40 r</b> F <b>eb. 27 – March</b>	ited. REGISTER (NO soccer Jan resident /\$45 nor n 26	EARLY! o. 23) o-resident)	
(PLEASE PRINT) Child's Name (FIRST & LAST) :					SAVE TIME—skip the	
Date of Birth:/ Child's Age: Grade:					paper form REGISTER ONLINE	
Parent/Guardian Name (FIRST 8	« LAST) <b>:</b>				cityofhuron.org	
Address:		City:		Zip:		
Phone (H):	(Cell):		_ (Work):			
Alternative Emergency Contact	; if we are unable to reac	h you:				
First Name:	Last	t Name:				
Relationship to child:Phone:Phone:						
Child's special needs, allergies	s, medical notes, other:_					
Will your child be able to take part in all activities?					NO SOCCER IF SCHOOL IS CANCELLED.	
<b>REFUND POLICY and WAIVER</b>	R OF PARTICIPATION O	N REVERSE SIDE				
Parent/Guardian Signature (required)				Date:		
By s	igning registration, you agre	ee to Refund Policy ar	d Participation Wa	aiver on reverse si	de/next page.	

**REGISTER ONLINE at cityofhuron.org**—or return completed form with payment to HURON PARKS & RECREATION **Mail** 417 Main St., Huron, OH 44839 · **Office** 110 Wall St. Huron · **Ph** 419-433-8487 · **Email** hprd@cityofhuron.org · **cityofhuron.org** 



#### **REFUND POLICY:**

- Full refunds will be issued for any program cancelled by Huron P&R.
- Participants may request refunds for programs up to 5 business day prior to the beginning of the program.
- Refunds received with less than 5 business days notice will only be issued for a medical problem when accompanied by a doctor's excuse.
- A \$5.00 administration fee is deducted from all refunds; except when cancelled by the department.
- Complete refund policy is available on our website.

### WAIVER FOR PARTICIPATION:

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child /ward may have against the City of Huron and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge the City of Huron and its officers, agents, servants and employees, from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the City of Huron and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the above program details and waiver and release of claims. I understand and agree with all refund policies set forth by the Parks and Recreation Department. I also understand that I may forfeit a portion or all of any registration fee according to these policies. I understand that my child or I may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotapes of my child or me to be used to promote the City of Huron and its Parks and Recreation Department and such photos and video will be the property of the City of Huron.

In the event of an emergency requiring medical treatment, I give my permission to the program instructor, coach, and/or league director to obtain medical treatment they feel is necessary and to call the local EMS if necessary. I understand that no medical or accidental insurance will be provided to participants.



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