

TOWN OF RYE RECREATION DEPARTMENT
2013 FALL SOCCER SIGN-UP
WEDNESDAY, JUNE 5, 2013, 6:00 P.M. - 7:00 P.M.
RYE RECREATION MODULAR, 55 RECREATION ROAD



YOU CAN REGISTER TODAY AT TOWN HALL OR BY MAIL!
A LATE FEE OF \$30 PER FAMILY WILL APPLY TO ALL REGISTRATIONS
RECEIVED AFTER THE DEADLINE OF JULY 26th, 2013.

RECREATIONAL SOCCER

Co-ed & open to 4 Yrs - Grade 5. Held September 7, 2013 to October 19, 2013 at the Rye Recreation Area.

4 Yrs.

Saturday, September 7, 14, 21, 28, October 5, 12, 19, 8:30 - 9:15 a.m.
(Meet once a week)

Grade K

Saturday, September 7, 14, 21, 28, October 5, 12, 19, 8:30 - 9:30 a.m.
(Meet once a week)

Grades 1-2

Tuesday, September 10, 17, 24, October 1, 8, 15, 5:15 - 6:15 p.m. and
Saturday, September 7, 14, 21, 28, October 5, 12, 19, 9:40 - 10:40 a.m.

Grades 3-5

Wednesday, September 11, 18, 25, October 2, 9, 16, 5:15 - 6:15 p.m. or
Tuesday, September 10, 17, 24, October 1, 8, 15, 5:15 - 6:15 p.m.
Saturday, September 7, 14, 21, 28, October 5, 12, 19, 8:30 - 9:30 a.m. or 10:50 - 11:50 a.m.
(Days and times for this age group will be confirmed after the registration deadline July 26th, 2013)

Fee: \$30.00 for first registrant (includes uniform shirt)
\$25.00 for each additional registrant from the same family (includes uniform shirt)
* Please note: Late sign-ups are not guaranteed a uniform shirt

REGISTRATION PROCEDURES

- STEP 1 Fill out the registration form.
STEP 2 If paying by check, make check payable to: Rye Recreation.
STEP 3 Submit both registration form and payment to the Town of Rye, Recreation Department,
10 Central Road, Rye, NH 03870 Telephone: 964-6281.

PLEASE NOTE:

Special requests from parents or coaches to switch, change or add players to groups/teams will not be accommodated, no matter what reason is provided! Due to the overwhelming numbers participating in our program, it is imperative that you respect the league rule and that your child participates in their designated group. If you do not wish to comply with this rule, your child will no longer be able to participate. The above schedule and age groupings are subject to change at any time. All children must be registered to participate. For more information, contact the Rye Recreation Department at 964-6281.

Limited scholarships are available based on financial need. The Town of Rye provides welfare assistance through the Portsmouth Welfare Department. To apply contact the Portsmouth Welfare Department at 610-7267 to arrange for an interview.

**THIS NOTICE IS DISTRIBUTED AS A
COURTESY. NOT SCHOOL
SPONSORED.**

TOWN OF RYE RECREATION DEPARTMENT
10 CENTRAL ROAD, RYE, N.H. 03870
TEL (603) 964-6281 FAX (603) 964-1516

2013 RECREATIONAL SOCCER REGISTRATION FORM

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Age: _____ Entering Grade: _____ Gender: _____
Month / Day / Year **As of September 2013**

Home Phone: _____ Fax: _____ Cell: _____ E-Mail: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Program - please check the appropriate box:

☐ Recreational Soccer
\$30 for the 1st registrant

☐ Recreational Soccer
\$25 for each additional registrant from the same family

Shirt Size (circle one): Youth Sm Youth Med Youth Large Adult Sm Adult Med Adult Large

Parent/Guardian participation is encouraged. Please print your name indicating your interest if you are willing to volunteer:
Head Coach Assistant Coach Other

If you are interested in sponsoring a team(s), please indicate. The cost is \$150.00 per team and the name of the sponsoring business appears on each uniform shirt for that team. YES _____
Name of Business _____

Medical (or other) considerations which may affect participation in this activity: _____

Mother/Guardian First Name: _____ Last Name: _____

Work Phone: _____ Fax: _____ Cell: _____ E-Mail: _____

Father/Guardian First Name: _____ Last Name: _____

Work Phone: _____ Fax: _____ Cell: _____ E-Mail: _____

Emergency Contact (if different from above):

First Name: _____ Last Name: _____

Work Phone: _____ Fax: _____ Cell: _____ E-Mail: _____

I give my permission for myself/my child _____ to participate in the above named Rye Recreation Department activity. I realize it is my responsibility to consult a physician to assess my child's health relating to participation in this activity. I agree to hold harmless the Town of Rye, the Rye Recreation Commission, its employees, volunteers and agents for any/all injuries and damages incurred during the course of the above mentioned program.

Parent/Guardian Name (please print): _____ Signature: _____ Date: _____

Registration fees are not refundable and registration is not secured until completed form and payment are received.
Please make checks payable to Rye Recreation.

Deposit Required: _____ Amount of payment enclosed: _____

For office use only: Paid _____ Paid Date: _____ Method: _____